THE OHIO

MEDICAL AND SURGICAL JOURNAL.

Vol. II. Columbus, July 1, 1859. No. 6.

PART FIRST.

ORIGINAL COMMUNICATIONS.

The Twelfth Annual Meeting of the American Medical Association.

LOUISVILLE, May 3, 1859.

The Association met at eleven o'clock A. M., in Mozart Hall, the President, Dr. Harvey Lindsley, of the District of Columbia, in the chair, supported by Drs. W. L. Sutton, of Kentucky, Thomas O. Edwards, of Iowa, Josiah Crosby, of Massachusetts, and W. C. Warren of North Carolina, as Vice Presidents, with Drs. Alexander J. Semmes, of the District of Columbia, and S. M. Bemiss, of Kentucky, acting as Secretaries. Dr. Caspar Wistar, of Penn., Treasurer, was also in attendance.

The President announced the Rev. Mr. Robinson, of Louisville, who opened the proceedings with prayer.

Dr. Robert J. Breckenridge, chairman of the committee of arrangements, then welcomed the delegates to the city.

Prof. Joshua B. Flint, of Louisville, accompanied by Drs. Sutton, Chipley, Spillman and Snead, then came forward and addressed the President as follows:

Mr. President: At a late annual meeting of the "State Medical Society of Kentucky," the following resolution was unanimously adopted, and the gentlemen before you, all of them ex-Presidents of the Society, constituted a committee charged with carrying it into effect:

Resolved, That ——— be a committee to wait upon the A. M. Association, so soon as it shall have opened its session in Louisville,

and in behalf of this Society bid it welcome to the medical jurisdiction of Kentucky, assure it of the cordial interest of the profession of the State in the objects and purposes of its institution, and of the readiness of this Society to co-operate in all its endeavors to promote the honor and usefulness of our common calling.

In regard to assurances of welcome, Mr. President, so far as they apply to yourself and your associates, as individual guests of your Kentucky brethren, those gentlemen would hardly pardon me for adding a word to the general terms of the resolution. Already, if I mistake not, there are demonstrations of the spirit of hospitality, which render any assurances on that subject worse than superfluous.

But I am happy to assure you, Mr. President, that the Association over which you preside, in its corporate capacity, with its well known purposes and ends, will find an equally cordial reception in the general community which it has now honored with its presence. The people of Kentucky, sir, are generally supposed to appreciate as it deserves every enterprise of a public spirited or philanthrophic character which presents itself to their notice, and I think I may say especially disposed to befriend the cause of Medical Education. They have certainly done somewhat a little to their credit in evidence of their intelligent interest in the Medical Science and the best means of its advancement. Through the munificence of the State, in one case, and of this liberal city in the other, two medical libraries have been procured in Kentucky, each of which is superior to any and all the public collections of medical books that can be found in most of the other States of the Union. Not more than two of our sister States, so far as I can learn, can be compared with us in this interesting particular.

One of those Libraries, belonging to the Medical Department of the University of Louisville, as its best estate, numbering 4,000 volumes, you will doubtless visit during your sojourn among us; and, although much defaced and mutilated by the conflagration which laid that institution in ruins two years ago, you will still find it to be a large and choice collection—adequate to the requisitions of medical research, and presenting satisfactorily the course of medical literature from the time of Hippocrates to the present day.

The other library to which I refer belongs to the Medical Department of Transylvania University, and contains 8,000 volumes. I hope that not a few of the members of the Association, before leaving Kentucky, will find their way into that also, in the course of a

visit to the beautiful inland city in which it is located—a city distinguished throughout the land for the general intelligence and refinement of its population, as well as for the eminent public men who have signalized it as their home; but to medical men, not only of our own, but of foreign countries, especially memorable as the residence of the great lithotomist of our day and surgical patriarch of the West—Benjamin W. Dudley.

Such benefactions as these to the means of medical study, attest, as I have already intimated, so enlightened an interest in the improvement of our Profession as to guarantee not only a welcome to the Association which represents it, but efficient co-operation in its endeavors on the part of the Profession and people of Kentucky.

May your present session, Mr. President, be an agreeable one to the members of the Association, and prove eminently beneficial to the interests of American medicine.

The Secretary, Dr. Bemiss, then called the roll of the members of the Association, and two hundred and forty gentlemen were in attendance.

The President then appointed the following gentlemen a committee on voluntary essays: Drs. L. P. Yandell, of Kentucky, Bryan, of Philadelphia, and Comegys of Ohio.

Dr. R. J. Breckenridge, from the committee of arrangements, announced the hours of business from 9 A. M. to 12 M., and from 3 P. M. until such hour as the convention should adjourn upon resolution, which arrangement was adopted.

Dr. Harvey Lindsley, the President of the Association, then read his retiring address, which was listened to with marked attention, and was an eloquent tribute to the dignity of the medical profession and the importance of its improvement.

After he had concluded, Dr. Landon A. Smith, of New Jersey, moved that the thanks of the Association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee, for publication among the proceedings of the meeting.

Dr. Caspar Wistar, chairman of the committee on publication, read the annual report; and, on motion of Dr. Sayers, of New York, the following resolutions, appended to it, were unanimously adopted:

Resolved, That hereafter every paper intended for publication in the Transactions must not only be placed in the hands of the com-

mittee of publication by the 1st of June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock, P. M.

AFTERNOON SESSION.

Dr. W. L. Sutton, one of the Vice Presidents, took the chair in the absence of the President.

Dr. D. Meredith Reese, of New York, chairman of the committee on Nominations, reported the following officers for the ensuing year:

President—Henry Miller, of Kentucky.

Vice Presidents—H. F. Askew, Delaware; Chas. S. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana.

Treasurer—Caspar Wistar, Pennsylvania.

Secretary—S. M. Bemiss, Kentucky.

Dr. Sayre, moved the adoption of the report, which was unanimously agreed to.

Dr. Brainard, of Illinois, moved the appointment of a committee to conduct the newly appointed officers to their respective chairs. The acting President selected Drs. Brainard, of Ill., Mattingly, of Ky., Sutton, of Ind., McDowell, of Mo., and R. J. Breckenridge, of Ky., and they accordingly performed the duties assigned to them.

The newly elected President, on taking the chair, addressed the convention in substance as follows:

Gentlemen of the American Medical Association: I am wholly at a loss to command language to express the deep sense of obligation put upon me by calling me to the Presidency of your Association. It is an honor any man may well be proud of, and although I admit, in all sincerity, that you might without difficulty have selected an individual more worthy the position, I may be allowed to say you could not have conferred it upon one who would prize it more highly or cherish it longer with the most grateful recollection. I do esteem it the greatest honor ever conferred upon me by the profession that I love and to which I have devoted a long life; nay, more—it is the greatest honor that could be conferred upon any man by the medical or any other profession in this or any other country;

for any decoration of honor or any mark of approbation conferred by a crowned head I should regard as a bauble in comparison. Who are you, gentlemen, when rightly considered? You are the rightful representatives of the great American Medical Profession—an army forty thousand strong, and a body of men, no matter what captious criticism may say in disparaging comparison with the European branch of the profession, in my humble judgment, far superior to the same number of medical men to be found in any quarter of the globe. Although as a body you may not be so learned, so critically and nicely framed in all the minutiæ of the profession, yet, for strength, integrity and precision in all the great principles guiding to a successful combat with disease, this body is equal, if not superior, to that of any kingdom of continental Europe.

To be called to the Presidency of such a body of men, is in my sober judgment, the greatest compliment that could be conferred upon mortal man, provided that man is a devotee of medicine, who has given his whole mind, soul, heart and strengh individually to the profession, and has that high regard for it which will not suffer any less noble pursuit to interfere with the daily though laborious duties of the profession. Coming so recently from a sick bed, and still enfeebled in health, I beg to be excused from further remarks, and desire you to accept this brief and imperfect acknowledgment of the distinguished honor conferred upon me, instead of what, under other circumstances, I might be disposed to say.

The President, after this graceful address, sat down amid much applause; when Dr. R. J. Breckenridge moved that the thanks of the Association be tendered to the retiring officers for the faithful and assiduous manner in which they have conducted the business committed to their charge; which was unanimously adopted.

A long and discursive debate then ensued on the admission of members by invitation. The plan of organization permits practitioners of respectable standing from sections of the United States, not otherwise represented at the meeting, to receive appointment, by invitation, of the meeting, after an introduction from any of the members present, or any absent permanent members, to hold connection with the Association until the close of the annual session at which they are received, and to be entitled to participate in all its affairs as in the case of delegates. The point of difficulty seemed to be whether the invitations should be extended by the committee of arrangements or by open vote of the Association. It was finally

settled by referring all the applicant's names to the committee on arrangements.

Dr. J. B. Lindsley, of Tennessee, offered the following:

Resolved, That a committee of three be appointed by the Chair, to inquire into and report upon the propriety of dividing the Association into sections, for the purpose of performing such parts of its scientific labors as may relate to particular branches of medicine and surgery.

Dr. Brodie moved its reference to the nominating committee.

Dr. Brainard explained at some length the object of the resolution of inquiry, and enforced its adoption as the means of giving more effect and usefulness to the proceedings of the Association, the reports of which had heretofore gone out unmatured, in consequence of the want of concentrated action.

A motion by Dr. Sayre to lay the motion on the table was negatived, and the motion of Dr. Lindsley was then adopted.

Dr. Davis moved that no person be permitted to speak more than twice on the same subject, or more than ten minutes at one time, except by consent of the Association; which was adopted.

The Standing Committee on Prize Essays was called on for their Report, but without a response. This was also the case with the Committee on Medical Education. The Committee on Medical Literature had no Report to present.

A letter from Dr J. G. F. Holston, of Washington, Chairman of the Special Committee on the Microscope, was read, reporting progress, and begging a continuance for more extended investigation, which was referred to the Committee on Nominations.

A letter from Dr. Stephen Smith, of New York, from the Special Committee on Medical Jurisprudence, had the same reference.

The Special Committee on Quarantine was not ready to report.

Dr. Mattingly, of Kentucky, from the Special Committee on Diseases and Mortality of Boarding Schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the Committee on Nominations.

The Special Committees on Surgical Operations for the relief of Defective Vision, on Milk Sickness, and on the Blood Corpuscle, had the same reference.

A Report from the Committee on Medical Ethics, signed by Dr. John Watson, of New York, was read, laid on the table, and made

the special order for to-morrow, at 12 o'clock M. This is an important subject, and will probably give rise to much debate to-day. We publish the report in full, as follows:

To the American Medical Association:

The Committee on Medical Ethics beg leave to state, that, of the subjects referred to them at the last meeting of the Association, they find the following notice in the minutes:

"Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society, against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards, of Iowa, presented a similar complaint, and Dr. Oakley, of New Jersey, a complaint from the Union and Essex County Medical Society."—*Transactions*, vol. xi, p. 41.

Upon these several complaints, your committee beg leave most respectfully to report:

That the two complaints from the Medical Societies of New Jersey refer only to one and the same grievance, the particulars of which are set forth in a memorial which was presented to the American Medical Association on the 6th of May, 1848, and which is entitled, "Statement of the Newark Medical Association in reference to a Diploma granted by the New York Medical College."

The facts stated in this memorial, which is now appended to this report, were, during the last annual meeting of the American Medical Association, examined as carefully as time and opportunity would allow. The charges therein contained against the New York Medical College, were admitted to be true by Dr. Horace Green, President of said College, who, in apology for the same, submitted a written statement to your committee, which was at the time accepted as satisfactory by the gentlemen then present before your committee, on behalf of the parties aggrieved; and being afterwards presented with a verbal report by the committee, was received and entered upon the minutes, in the following terms:

"Whereas, it appears from undoubted testimony, that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack, of the name of John F. Dunker, of Newark, the Faculty, in the person of the President of said College, wish here to declare, that the degree was obtained under gross deception and false testimonials furnished by said Dunker and his friends: and they therefore revoke and annul his diploma, and de-

clare said Dunker to be unworthy of patronage or support from authority conferred upon him by this diploma."—*Transactions*, vol. xi. p.—.

These complaints being thus disposed of, your committee have only to add in reference to them, that the memorial presented to the American Medical Association from the Newark Medical Association, is worthy of special notice, as setting forth the negligent manner in which mere verbal and hearsay statements are at times accepted in place of authentic written testimonials, from individuals presenting themselves as candidates for the honors of our profession at some of the Medical Colleges of this country. In this respect, there is reason to believe that the New York Medical College does not stand alone; and the publication of the accompanying memorial may be of service in putting a permanent check to this crying evil.

The only other complaint referred to your committee, was that presented by Dr. Edwards, of Iowa, preferring a charge from the Dubuque Medical Society, against one of her members who had been expelled for an alleged infraction of the code of medical ethics. This complaint does not appear to be of such a character as to require adjudication here. It has, since the last annual meeting of the American Medical Association, been adjudged by the Iowa State Medical Society [see Transactions of the annual meeting of said Society, published at Dubuque, Iowa, 1858] and having been then settled in the state in which the parties reside, it should now be dismissed.

All of which is respectfully submitted.

JOHN WATSON, M. D., Chairman.

New York, April 28, 1859.

Continuances were asked by the Committees on the Pons Varolii, Medulla, Oblongata, and Spinal Marrow—their Pathology, and Therapeutics; on American Medical Necrology; on the Hygienic relations of Air, Food and Water, the Natural and Artificial Causes of their Impurity, and the best methods by which they can be made most effectually to contribute to the public health; on the Effect of the Virus of Rattlesnakes, &c., when introduced into the system of the Mammalia; on the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases generally; on the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases; on the Physiological Effects of the Hy-

dro-Carbons; on Epilepsy; on the Causes of the Impulse of the Heart, and the Agencies which influence it in Health and Disease; and on the best substitutes for Cinchona, and its Preparations in the Treatment of Intermittent Fever, &c.; all of which were referred to the Committee on Nominations.

The Special Committee on Government Meteorological Reports made a report, written by Dr. R. H. Coolidge, of the U. S. Army, but read by Dr. Paul F. Eve, of Tennessee, which was referred to the Committee on Publication.

The Committee appointed in May, 1857, on Criminal Abortion, submitted a report written by Dr. Storer, of Boston, which was read by Dr. Blatchford, of New York, and referred to the Committee on Publication. The following resolutions, appended to this report, were unanimously adopted:

Resolved, That while physicians have long been united in condemning the act of producing abortion, at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this Association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the attention of the several Legislative Assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled, may be revised, and that such other action may be taken in the premises as they, in their wisdom, may deem necessary.

Resolved, That the Association request the zealous co-operation of the various State Medical Societies, in pressing the subject upon the Legislatures of their respective States, and that the President and Secretaries of the Association are hereby authorized to carry out, by memorial, these resolutions.

The convention then adjourned until to-morrow morning at 9 o'clock.

Second Day's Proceedings.

Wednesday, May 4, 1859.

The President, Dr. Miller, called the Associaton to order at 9 o'clock.

Dr. D. Meredith Reese, Chairman of the Committee on Nominations, called attention to the fact that the committee could not act definitely until the place for next year's meeting should be designated. He stated also, that the Medical State Society of Connecticut had requested that an amendment to the Constitution, proposed two years since, should be taken from the table, relative to the time of meeting.

It was moved by Dr. Blatchford, and seconded by Dr. Sayre, that the amendment to the third article of the Constitution be taken up, which proposes to add after the words "first Tuesday of May" the words "or first Tuesday of June," and after the words "shall be determined" add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

Dr. D. M. Reese also stated that the Connecticut State Society had extended a pressing invitation to the Association to hold its next meeting at New Haven; which invitation was referred to the Committee on Nominations.

Dr. Reese also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen, that, on yesterday, a large majority of the committees made no reports, and did not even see proper to send in any communication explanatory of delay. The difficulty heretofore has originated in the mode of selection adopted by the Nominating Committee. It has been customary for gentlemen to hand in their names and the proposed subjects on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made, and gentlemen to whom a special duty has been assigned have been found to know less of that than any other subject. He therefore hoped that no committee of last year would be re-appointed or continued from which no Report had been had and no communication received.

On motion, the Nominating Committee was unanimously instructed to act upon the suggestions of the chairman, who also stated that

there should be some definite expression of disapprobation as to the course of those gentlemen who had volunteered essays, and had their names reported in the newspapers and spread over the land, and then paid no further attention to the matter.

Dr. Flint, from the Committee on Prize Essays, begged leave to report that they had received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the Association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the committee—one estimable associate, Dr. Evans having been called from all his earthly labors before the active duties of the Committee began.

More than one of the four essays we have examined exhibited much labor, and a commendable scholarship in their preparation—are voluminous, and in some respects very meritorious papers; but, in the unanimous judgment of the Committee neither of them possesses the degree and species of merit which should entitle its author to the Association's Prize.

The Committee beg leave furthermore to report that, in their opinion and as the suggestion of their own recent experience, the Association should determine, in more precise and formal manner than has yet been done, the terms and conditions of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

Dr. Gordon, of Ohio, from the Committee on Epidemic Cholera, made an interesting writ'en Report; which was read, approved, and referred to the Committee on Publication, and the request of Dr. Gordon, that the Committee be continued, was referred to the Committee on Nominations.

Dr. J. B. Lindsley, chairman of the Committee appointed to inquire into the propriety of dividing the Association into sections, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such plan as being indispensably necessary to making this body a working scientific association. They do not deem it necessary to enter into any argument in favor of this plan, it being the one already universally adopted by similar bodies. They would simply

recommend, for the present, a division into the following sections, as being most suitable to facilitate the transaction of business, viz:

1. Anatomy and Physiology.
2. Chemistry and Materia Medica.
3. Practical Medicine and Obstetrics.
4. Surgery.

The committee do not propose that this subdivision of labor shall in any manner interfere with the regular business of the Association as now conducted; but only that after having assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them, and they therefore recommend that the Committee of Arrangements for the ensuing year be requested to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This report was considered, and adopted after a very able speech in its support by Dr. Davis.

Dr. J. W. Singleton, of Ky., moved the suspension of the rules for the introduction of the following:

Resolved, That in the death of Dr. A. Evans, of Kentucky, the Association has lost one of its most manly and efficient members, and society a friend and benefactor.

The resolution was unanimously adopted.

Dr. W. L. Sutton, under the resolution appointing a Committee on registration of births, marriages, &c., proposed a plan of general action, an abstract of which he read on motion of Dr. Gibbs, of S. C., and on motion of Dr. L. P. Yandell the subject was referred to a committee, to report during the present session.

Drs. Sutton, Lindsley, W. R. Gibbs, Bryan, Pitcher and Crosby were appointed such committee.

Dr. Blatchford stated that he had received from Dr. Willard, Secretary of the New York State Medical Society, 50 volumes of their transactions for 1859, for distribution to the Medical Press, the Medical Colleges, and all Medical Societies of the South, and sent with a request for an interchange of civilities. Gentlemen present can be supplied by application to Dr. Bemiss, and if the number sent be not sufficient for the supply they will be cheerfully forwarded to any gentlemen by application to the Secretary, Dr. S. D.

Willard, Albany, N. Y., the postage being included in the application, which is twenty-two cents.

A voluminous report from Dr. Thomas Logan, of California, on Medical Topography and Epidemics, was received, and referred to the Committee on Publication.

The Chairman of the Committee on Voluntary Essays stated that he had received a paper on a case of extra-uterine fœtation from Dr. Enos Hoyt, of Transylvania, Mass., and another on a case of accidental poisoning by strychnine from Dr. Douglas Bly, of Rochester, N. Y. He also presented a very voluminous paper, entitled "Observations on some of the changes of the Solids and Fluids in Malarial Fever, by Joseph Jones, Prof. of Medical Chemistry in the Medical College of Georgia, at Augusta." By request, Prof. Jones gave a verbal abstract of his paper and an exposition of his theory; and on motion of D. W. Yandell the communication was referred to the Committee on Publication.

Dr. D. W. Yandell announced that the following railroad companies had agreed to pass delegates to this convention over their roads at half price: Pittsburgh Fort Wayne and Chicago, Pennsylvania Central, Jeffersonville, New Albany and Salem, Louisville and Nashville, and Cleveland and Pittsburgh.

On motion, a vote of thanks was tendered to these companies for their liberality.

Dr. J. B. Flint offered the following resolution:

WHEREAS, Our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of Physiology and Surgery are recognized and honored, as well on this side of the Atlantic as in Europe; and whereas this association, as the representative of American Medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect; therefore—

Resolved, That a committee of three be appointed to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted; and Drs. Flint, Bowditch, and Shattuck appointed as the committee.

Dr. Harvey Lindsley offered the following:

WHEREAS, Parliamentary rules of order are numerous, compli-

cated, sometimes obscure, and often inapplicable to such a body as the American Medical Association; and whereas, from the nature of the pursuits of medical men, they cannot be familiar with these rules: Therefore—

Resolved, That a Select Committee of three members be appointed to prepare a system of rules for the government of this Association, as few in number, as concise and perspicuous as possible, to be reported to the next annual meeting.

This resolution was adopted, and Drs. Lindsley, Comegys, and Blatchford appointed as the committee.

The paper of Dr. Bly, on Accidental Poisoning by Strychnine, was read by its author; and as individual cases are not reported in the journals of the Association, thanks were returned for the communication, with a request that it be published in some medical journal.

An invitation from Grand Master Morris, of the Masons, was received, urging medical brethren to attend the Masonic Convention now in session in this city.

The Nominating Committee made the following report:

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives is elected Junior Secretary.

Committee of Arrangements—Drs. Chas. Hooker, Stephen G. Hubbard, and Benjamin Silliman, Jr., with power to add to their numbers.

Committee on Prize Essays—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and John Knight, Conn.

Committee on Publication—Drs. F. G. Smith, Philadelphia, Pa.; Wistar, do; Bemiss, Louisville, Ky.; Ives, New Haven, Conn.; Hollingsworth and Hartshorn, Philadelphia, Pa.; and Askew, Wilmington, Del.

Committee on Medical Literature—Drs. Henry Campbell, Ga.; D. F. Wright, Tenn.; O. Wendell Holmes, Mass.; S. G. Armer, Ohio; and W. H. Byford, Ill.

Committee on Medical Education—Drs. D. M. Reese, New York; W. R. Bowling, Tenn.; Chas. Fishback, Ind.; John Bell, Penn.; Z. Pitcher, Mich.

The following special committees were appointed:

On Morbus Coxarius, and Surgical Pathology of Articular Inflammation—Dr. Lewis A. Sayre, New York.

On the Surgical Treatment of Strictures of the Urethra—Dr. James Bryan, of Philadelphia.

On Drainage and Sewerage of large cities, their influence on Public Health—Drs. A. J. Semmes, D. C., Chairman, Cornelius Boyle, and G. M. Dove.

On the Peridocity of Diseases prevailing in the Mississippi Valley —Dr. J. W. Singleton, of Smithland, Ky.

On Puerperal Tetanus, its Statistics, Pathology, and Treatment —Dr. D. L. McGugin, of Keokuk, Iowa.

On Hospital Epidemics—Dr. R. K. Smith, of Philadelphia.

On Puerperal Fever—Dr. J. N. Green, of Stelisville, Ind.

On Anæmia and Chlorosis—Dr. H. P. Ayres, of Fort Wayne, Indiana.

On Veratrum Viride—Dr. James B. McGraw, of Richmond, Va.

On Alcohol, its Therapeutical Effects—Dr. J. R. W. Dunbar, of Baltimore, Md.

On Meteorology—Dr. J. G. Westmoreland, Atalanta, Ga.

On Milk Sickness—Dr Robert Thompson, Columbus, O.

On Manifestations of Disease of Nerve Centres—Dr. C. B. Chapman, Wisconsin.

On the Medical Topography of Iowa—Dr. T. O. Edwards, Iowa.

On Microscopic Observations on Cancer Cells—Dr. Geo. D. Norris, New Market, Ala.

On the Philosophy of Practical Medicine—Dr. Chas. Graham, Cincinnati, O.

On some of the Peculiarities of the North Pacific and their relations to Climate—Dr. Wm. H. Doughty, Ga.

The following special committees were continued or altered:

On Microscope—John C. Dalton, Jr., N. Y.; David Hutchinson, Ind.; A. R. Stout, Cal; Calvin Ellis, Mass.; Christopher Johnson, Md.

On Diseases and Mortality of Boarding Schools—Dr. C. Matting. ly, Ky.; and Dixi Crosby, N. H.

On the various Surgical Operations for the Relief of Defective Vision—Drs M. A. Pullen, Mo.; T. J. Cogley, Ind.; and W. Hunt, Penn.

On the Blood Corpuscle—Dr. A. Sager, Michigan.

On American Medical Necrology—Dr. C. C. Cox, Maryland.

On the Hygenic Relations of Air, Food, and Water, the natural and artificial causes of their impurity, and the best methods by

which they can be made most effectually to contribute to the public health—Dr. C. C. Cox, Maryland.

On the Effect of Virus of Rattlesnake, &c., when introduced into the system of Mammalia—Dr. A. S. Payne, Virginia.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and diseases generally—Dr. O. Harvey, California.

On the Constitutional origin of Local Diseases, and the Local Origin of Constitutional Diseases—Drs. W. H. McKee, North Carolina; and C. F. Heywood, New York.

On motion of Dr. Brodie, Dr. A. J. Semmes was requested to serve as secretary pro tem. during the remainder of the session.

The association took up the special order, being the report on Medical Ethics, to which had been referred the action of the Dubuque Medical Society, which, after debate, was laid over until 12 o'clock to-morrow.

Amendments to the constitution of the Association were then taken up, and a provision was acted upon that no individual who shall be under sentence of expulsion or suspension from any State or Local Medical Society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from such sentence by such State or Local Society. This amendment to the constitution was adopted.

The next amendment, lying over from last year, was the proposition of Dr. Kyle, of Ohio,—

That the Constitution of the Association be so amended as to prohibit the admission as a delegate or the recognition as a member of any person who is not a graduate of some respectable medical college.

This amendment was rejected; but, on the question of reconsideration, a long and animated debate ensued, which called forth all the oratorical abilities and much of the personal feelings of the delegates. Without arriving at a vote, the Association adjourned for dinner.

The following gentlemen have been admitted to the Association as members by invitation:

Indiana—B. C. Rowan, N. D. Field, John S. Rowe, R. Curran, D. Wiley, J. A. Windle, A. V. Talbot, J. W. Davis.

Ohio—W. C. Hall, N. B. Davis.

Tennessee—J. M. Brannoch.

Kentucky—W. N. Garther, S. B. Fields, W. S. Cain, J. A. Hodge, S. B. Merrifield, Joshua Gore, H. M. Berkeley.

Missouri—J. M. Allen.

Alabama—Dr. Bollman, Dr. Turney.

New Hampshire—David Kay.

United States Army—Charles S. Tripler.

AFTERNOON SESSION.

Upon the re-assembling of the Association, the discussion was renewed on the motion to reconsider the vote by which the amendment to the Constitution was negatived, prohibiting the admission as a delegate or the recognition as a member of any person who is not a graduate of some respectable medical college.

Dr. Kincaid moved a further amendment, to insert the word "hereafter" after "prohibiting."

Dr. Askew, of Delaware, one of the Vice Presidents in the chair, ruled the amendment out of order at the present stage, or until the Association decide upon the question of reconsideration.

After a long discussion, Dr. Davis, of Indiana, moved to lay the motion to reconsider on the table, which was carried, 97 yeas, nays not counted. So the amendment stands registered.

The next proposed amendment to the Constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the Association.

This was temporarily laid on the table, for Dr. Crosby to offer a report of the Medical Teachers' Convention, which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with a committee of Medical Teachers, and report at the next annual meeting, provided that no medical teacher be selected on the part of this Association.

This again gave rise to an excited debate, clearly showing that there was a great deal of bad feeling between the Professors and the laymen of the profession. Prof. McDowell, of Missouri, was extremely happy in some of his hits, and kept his auditors in a roar of laughter. He acknowledged that Philadelphia and New York had the advantage of location; the railroads took students there as they did the horses and cattle of the west, and sometimes its asses.

Prof. Crosby, of Dartmouth College, contended that the elevation of the standard of medical education depended more upon practitioners than the colleges; if bad materials were sent up from physicians' offices for Professors to model into physicians, it could not be expected that good results would follow. He wanted a committee of conference, not based on any sectional feelings, and he believed the whole matter could be arranged satisfactorily.

Dr. D. W. Yandell wished to reply to one remark of Prof. Crosby, as to the bad materials sent by private teachers to the colleges. He had himself rejected students who were too big fools to be made physicians, and these same persons, in a few months, had gone to some of the colleges and come back with their diplomas in their pockets.

After a very eloquent, appropriate, and conciliatory speech from Dr. Davis, the resolution of Dr. Comegys was unanimously adopted.

The resolutions from the New Jersey Medical Society were then taken from the table, and referred to the committee of Conference.

Dr. Davis offered a resolution instructing the same committee to confer with the State Medical Societies, for the purpose of procuring more decisive and uniform action throughout the profession in carrying into effect the standard of preliminary education adopted by this Association at its organization in 1847. This was carried.

Dr. Gibbes, from the committee to examine into a Plan of Uniform Registration of Births, Marriages and Deaths, offered the following report:

They have given the same a careful consideration, and they unanimously recommend that the Report be adopted and referred to the committee on Publication.

They also recommend that the same committee be continued, with instructions to add to the Report, in time for publication in the ensuing volume of Transactions, a form of registration law which may be likely to answer the requirements of the several States.

Dr. Sayre, of New York, offered the following:

WHEREAS, The medical profession at large have an interest in the character and qualifications of those who are to be admitted as their associates in the profession; therefore,

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examination of all candidates for graduation; and that the colleges be requested to permit such delegates to participate in the examination and vote on the qualifications of all such candidates.

This was referred to the Committee of Conference.

The paper of Dr. Jones, presented at the morning session, was taken from the Committee on Publication, and referred to the Committee on Prize Essays.

Dr. Eve moved to record the name of Dr. Benj. W. Dudley as a permanent member; which was adopted by a unanimous vote, the delegates all rising to their feet in token of respect.

Adjourned till to-morrow morning.

The following members of the Association registered their names during the day:

Indiana—John M. Kitchen, S. Davis, Geo. W. New, J. H. Woodburn, S. M. Linton, C. Brown, A. G. Boynton, F. M. Mothershead, T. Bullard, W. W. Hitt, A. J. Mullen, Jno. M. Hinkle, J. D. Maxwell, Jno. M. Reily, J. A. Windle, B. C. Rowan, L. Ritter, R. Curran, J. W. Davis, W. T. S. Cornett, A. V. Talbert.

Missouri: J. M. Allen, E. S. Frazer.

Iowa: Wm. Watson.

New York: Daniel G. Thomas, John L. Zabriskie, M. M. Marsh.

Alabama: J. N. Turney.

Pennsylvania: W. W. Townsend, Caleb Swaine.

Ohio: Geo. Mendenhall, S. G. Armor, E. B. Stevens, L. G. Lecklider, W. L. Schneck, J. P. Judkins, D. B. Cotton, W. F. Kincaid, Jno. Davis, W. C. Hall, W. B. Davis, P. H. Kelly, Usher P. Leighton.

United States Army: Charles S. Tripler.

Kentucky: E. O. Brown, S. B. Richardson, A. H. Shively. F. G. Montgomery, J. A. Hodge, W. W. Cleaver, Hugh Berkley, S. B. Field, W. N. Garther, Ed. Richardson.

Illinois: F. B. Haller, H. Nance, Thomas Wilkins, T. D. Fitch, C. Johnson, D. O. McCord.

Tennessee: J. M. Brannoch.

The whole number of delegates in attendance is therefore 301, exclusive of members by invitation.

Second Day's Proceedings.

Thursday, May 5th, 1859.

The President called the Association to order at 9 o'clock, and the reading of the minutes of yesterday was dispensed with.

The first business in order was an amendment to the Constitution, laid over from last year, and proposed by Dr. T. L. Mason, of New York, to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practice their profession." Also, to add to the sixth paragraph of the same article the words "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the Association, on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to which he may belong at the time of each annual meeting of this body.

Dr. Linden A. Smith, of New Jersey, said that amendments to the Constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still as Dr. Mason who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Hartshorne, of Pennsylvania, and laid over from last year, under the rules, provides to add to the second article the words: "No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed."

This amendment was adopted.

Another amendment proposed by J. Berrien Lindsley, of Tennessee, was called up, to omit in Article 2 the words "medical colleges, hospitals, lunatic asylums and other permanently organized medical institutions in good standing in the United States," and also to omit the words: "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of

sending two delegates. The professional staff of every chartered or municipal hospital containing an hundred inmates or more shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

An invitation was received from Mons. Groux, requesting the delegates to meet him at the hall of the University at noon to-day, to witness experiments on his congenital fissure of the sternum; which was deferred until four o'clock this afternoon, as the Association had previously accepted the hospitality of Mr. and Mrs. Robert J. Ward at the former hour.

Dr. McDermot submitted the following resolutions:

WHEREAS, A vast proportion of the disease and misery that afflict our race is caused by the excessive use of intoxicating liquors; and whereas, in the opinion of this Association, the evils of intoxication can be most effectually remedied by the establishment of Inebriate Asylums, wherein the victims of intemperance may be subjected to such restraints and treatment as shall effect a thorough reformation of their habits; therefore,—

Resolved, That this Association recommend the establishment of Inebriate Asylums in the various States of the Union.

Resolved, That the State and County Medical Societies, and all members of the medical profession, be requested to unite in diffusing among the people a better knowledge and appreciation of the beneficent purposes and important benefits that would be conferred upon society by the establishment of such Asylums throughout the various sections of the country.

This resolution was referred to the mover, as a special committee, with a request that he would report thereon at the next meeting of the Association.

Dr. Shattuck offered the following, which was adopted:

Resolved, That the committee appointed in May, 1857, on Criminal Abortion, be requested to continue their labors, and especially to take all measures necessary to carry into effect the resolutions reported by them on the first day of the meeting.

Dr. Yandell, from the Committee on Voluntary Essays, made a further report that a communication had been received from Dr. Langer, of Iowa, on Subentaneous Injections as remedials; which, on motion, the author read.

The essay was referred to the writer as a special committee, with the request that he would report further at the next annual meeting of the Association, and continue his investigations.

Invitations to visit the Insane Asylum, and the Library and Museum of Transylvania University, were received.

The President appointed, as the committee of conference to meet the committee from the Teachers' Convention, the following gentlemen: Drs. Blatchford, Troy, N. Y.; Condie, Philadelphia, Pa.; Bozeman, Montgomery, Ala.; Brodie, Detroit, Michigan; and Sneed, Frankfort, Ky.

Dr. D. Meredith Reese, from the Nominating Committee, made the following final Report:

Special Committees continued:

On Quarantine—Drs. D. D. Clark, Penn.; Snow, R. I.; Jewell, Penn.; Fenner, La.; and Houck, Md.

On Medical Ethics—Drs. Schuck, Penn.; Murphy, Ohio; Linton, Mo.; Powell, Ga.; Eve, Tenn.

On Tracheotomy in Membranous Croup—Dr. A. V. Dougherty, New Jersey.

On the Effects of Lithotomy, Performed in Childhood, upon the Sexual Organs in After Life—Dr. White, Memphis, Tenn.

On Mercurial Fumigation in Syphilis—Dr. D. W. Yandell, Louisville, Ky.

On the Improvements in the Science and Art of Surgery, made during the last Half Century—Dr. Jos. McDowell, St. Louis, Mo.

On the Cause and Increase of Crime andts Mode of Punishment —Dr. W. C. Sneed, Frankfort, Ky.

On the Education of Imbecile and Idiotic Children—Dr. H. P. Ayres, Fort Wayne, Ind.

On the Uses and Abuses of the Speculum Uteri—Dr. C. H. Spillman, of Kentucky.

On the Topography of Vermont—Dr. Perkins, of Vermont.

On the Pons Varolii, &c.—Dr. S. B. Richardson, of Kentucky, and Dr. Fishback, of Indiana.

On the Physical Effects of the Hydro-Carbons—Dr. F. W. White, of Illinois.

On the Effect of Periodical Operations for Urinary Calculi upon Procreation in the Male—J. S. White, of Tennessee.

The paper from Dr. Ellis, of Massachusetts, on the subject,

"Does the microscope enable us to make a positive diagnosis of Cancer, and what if any are the sources of error?" was referred to the special committee on the microscope, of which Dr. Dalton is chairman.

Honorary resolutions were passed to the memory of the following members of the Association, deceased: Dr. W. W. Bowling, of Alabama; Dr. Thomas D. Mutter, of Penn.; Dr. P. C. Gaillard, of S. C.; Dr. Jabez G. Goble, of New Jersey; Dr. John K. Mitchell, of Penn.

Dr. R. K. Smith, of Philadelphia, submitted the following:

Resolved, That the death of Dr. John K. Mitchell, one of the members of this Association, has been to this body a loss keenly felt by every man who knew him. His eminence as a teacher, his varied acquirements in every department of learning, and his generous social qualities in every relation, endeared him to every member of the profession who had the pleasure of his personal acquaintance.

Resolved, That the family be notified of the action of this Association.

Other more formal resolutions were offered and feeling eulogies pronounced.

Dr. Sayre offered the following, which were adopted by acclamation:

Resolved, That the thanks of the American Medical Association are eminently due and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the Committee of Arrangements, and to the profession of Louisville generally, our thanks are due for their kind and assiduous attention to the Association and for the hearty welcome with which they have greeted our convention in their flourishing city.

After the transaction of some other unimportant routine business,

On motion of Dr. Davis, the Association adjourned, to meet at New Haven on the first Tuesday in June, 1860.

The registration book during the day announced the names of Drs. D. G. Thomas, of New York; William S. Cain, of Kentucky, and Peter Allen, R. K. McMeans, and W. R. Kable, of Ohio—making 305 members in attendance during the session of this Association.

Annual Meeting of the Ohio State Medical Society.

The Fourteenth Annual Meeting of the State Medical Society, commenced June 7, in the room of the Supreme Court, State House. Forty-two members present.

The meeting was called to order, in the absence of the President, Dr. Hurxthal, by Dr. L. Firestone, of Wooster; Drs. A. Metz and H. M. McAbee appearing as Secretaries.

The meeting was opened with prayer by the Rev. Mr. Morris.

LIST OF MEMBERS PRESENT.

L. Firestone, Wooster; Jas. Bronson, Newton Falls; J. S. Risinger, Galion; L. Slusser, Canal Fulton; W. L. McMillen, Columbus; J. W. Hamilton, Columbus; J. G. Kyle, Xenia; S. M. Smith, Columbus; John Davis, Dayton; R. Gundry, Dayton; H. M. McAbee, Massillon; G. F. Mitchell, Mansfield; G. E. Eels, Columbus; Robt. Thompson, Columbus; J. B. Thompson, Columbus; B. F. Welsh, Madison Co.; S. Loving, Columbus; A. Metz, Massillon; W. W. Dawson, Cincinnati; G. J. Sachse, Columbus; John Dawson, Columbus; C. Robertson, McConnelsville; C. P. Landon, Westerville; R. R. McMeens, Sandusky; B. S. Brown, Bellefontaine; S. P. Hunt, Morrow; J. Campbell, Belmont Co.; G. M. Boyd, Xenia; L. Galpin, Milan; P. Canedy, Nicholsville; J. W. Wilson, Fremont; M. Dawson, Fairfield Co.; H. W. Darwin, Gettysburg; R. N. Barr, Columbus; S. W. Crew, Batavia; J. C. McBeth, Galion; A. Robb, Dodsonville; Joel Pomerene, Mt. Hope; H. L. Donham; Wm. A. Johnson, Morrow; W. W. Bridge, Marion; F. C. Applegate, Portage Co.; Z. F. Guerin, Franklin Co.; T. A. Reamy, Hopewell; B. B. Leonard, West Liberty; R. F. Sweney, Marion; Geo. Maris, Columbus; C. W. H. Mahlman, Columbus; T. M. Cook, Monroeville; S. S. Scoville, Clermont Co.; J. L. Drake, Lebanon; J. H. Rogers, Springfield; Wm. J. Scott, Shadeville; M. Thompson, Mt. Vernon; J. W. Russell, Mt. Vernon; E. B. Stevens, Cincinnati; A. S. Williams, W. F. Dean.

Dr. J. B. Thompson, of Columbus, from the Committee of Arrangements, read a report fixing the order of business of the Convention, which was adopted.

On motion of Dr. Slusser, reporters for city papers were admitted within the bar of the hall.

The Committee on Admissions, reported the following names for admission into the Society; which report was adopted:

F. C. Applegate, of Portage co.; R. F. Sweney, of Marion; H. W. Daron, of Gittisburg, Darke co.; J. N. Beach, of Jefferson, Madison co.; L. C. Fauts, of Eaton; Dr. Drury, of Columbus; Dr. Pearce, Secretary of Jefferson Medical Society; W. W. Bridge, of Marion; J. W. Wilson, of Fremont, Sandusky co.; M. Cook, of Monroeville; C. H. W. Mahlman, of Columbus.

The election of officers for the ensuing year, being in order, on the second ballot Dr. L. Firestone, of Wooster, was declared elected President, he having received 26 votes—the whole number of votes cast, 40.

Dr. Firestone arose and delivered a very neat, brief and appropriate address, which was received with applause.

The Convention then proceeded to elect four Vice Presidents. On the first ballot, Dr. B. S. Brown, of Bellefontaine; on the second ballot, Dr. Charles Robertson, of McConnelsville; on the third ballot, Dr. John Davis, of Dayton; and on the fourth ballot, Dr. James Bronson, of Newton Falls, were declared elected.

The Convention then proceeded to elect two Secretaries for the ensuing year; and on the first ballot, Dr. R. Gundry, of Dayton; and on the second, Dr. W. W. Dawson, of Cincinnati, were elected Secretaries.

The Convention then proceeded to elect a Treasurer; and on the first ballot, Dr. John B. Thompson, of Columbus, received a majority of all the votes cast, and was declared duly elected.

Dr. Gundry resigned the office of Secretary, and Dr. A. Metz was elected in his place.

The Committee on Admissions reported the following gentlemen, who were admitted: Dr. B. E. Welch, of California, Madison co.; Dr. J. L. Drake, of Lebanon; W. A. Johnson, of Morrow; Dr. Dawson, of Carroll, Fairfield co.; Dr. S. S. Scoville, of Bethel, Clermont co.; and Dr. A. Robb, of Highland co.

The Convention proceeded to vote for a Librarian, and on the first ballot Dr. Robert Thompson, of Columbus, was unanimously elected.

The following gentlemen were elected Committee on Admissions for the ensuing year: Drs. Eels, Mitchell, Pomerene, Slusser and Sweney.

The Convention then took a recess till half past two o'clock.

AFTERNOON SESSION.

The convention met at 3 o'clock and the minutes of the morning session were read.

The Chair announced the following standing committees for the year:

On Publication—Drs. S. Loving, R. Gundry, W. W. Dawson, W. L. McMillen and R. Hills.

On Finance—Drs. R. N. Barr, T. M. Cooke, A. Metz, E. B. Stevens and C. F. Applegate.

On Medical Societies—Drs. J. F. Mitchell, G. E. Eells, T. J. Mullen, W. Morehead, D. B. Woods.

On Ethics—Drs. C. P. Landon, B B. Leonard, W. M. Prentiss, J. C. Rogers, J. G. Kyle.

Dr. Robert Thompson gave notice of his intention of presenting several papers upon medical topics for the consideration of the convention.

The report of the Treasurer of the Society was referred to the Committee on Finance, by which it appears that there is a balance of $210 in the Treasury.

A letter was read from Dr. N. B. Wright, of Cincinnati, stating that he will be here on Wednesday evening to deliver an address upon the subject of "Drunkenness, its nature and cure, and the establishment of asylums for inebriates."

A memorial from the Toledo Medical Association was read, asking the influence of the Society for a law protecting physicians, which was referred to the Committee on Medical Societies.

A paper by J. G. Kyle, of Xenia, on Epilepsy, was announced.

A letter from Prof Kirtland, of Cleveland, submitting two papers for the consideration of the Society, was read.

On motion, the reading of Dr. Gundry's papers on "Insanity," was made the order of the day for Wednesday morning.

Dr. Metz, of Massillon, from the committee, read an able paper upon the subject of Obstetrics, which was referred to the Committee on Publication.

Dr. Barr, from the Finance Committee, submitted a report stating that the accounts of the Treasurer, which were examined, were correct.

Dr. Eells read an invitation to the convention from the members of the Society to a banquet at the Neil House, on Wednesday even-

ing. Also, an invitation from Mr. Wilson, of the Ohio White Sulphur Springs, to visit that place on Thursday, and extending the hospitalities of his establishment. An invitation to visit the Central Ohio Lunatic Asylum was read.

Dr. Kyle read an abstract of his paper upon "Epilepsy," which was subsequently referred to the Committee on Publication.

Dr. Maris, of Columbus, introduced a letter from Dr. Hamilton, referring to a personal matter between them, which Dr. Maris hoped would receive the attention of the Society. The letter was referred to the Committee on Ethics.

The convention then adjourned to eight o'clock.

EVENING SESSION.

The meeting was called to order by the President.

Dr. Hamilton, from the Committee on Surgery, stated that he would be prepared to make a report on Wednesday.

Dr. Landon, from the Committee on Obituaries, stated that but one member of the Society had died during the year, Dr. Ackley, of Cleveland, and their committee was as yet unable to get the material for an extended report, but hoped to be able to do so before the Society adjourned.

Dr. Bronson read an interesting paper on Empyema, which was referred to the Committee on Publication.

On motion, the convention adjourned to nine o'clock, Wednesday morning.

SECOND DAY—MORNING SESSION.

The Society was called to order at nine o'clock, by President Firestone.

The Committee on Admissions reported the following new members, who were duly admitted: A. Braden Carey, Hamilton county; W. C. Hall, Fayettesville, Brown county; F. C. Sharp, Williamsburg, Clermont county.

The Society proceeded to the special order of the day, which was the reading of a lengthy paper on "Insanity," by Dr. Gundry, of Dayton.

On motion of Dr. Hills, Prof. Sanford, of Iowa, was invited to take a seat in the convention and participate in its deliberations.

An invitation was read from the Superintendent of the Idiotic Asylum, asking a visit from the Society at any time between the hours of 9 and 12 o'clock, A. M.

Dr. Robert Thompson, of Columbus, read a paper upon the subject of "Cataract," and other diseases of the eye, which was referred to the Committee on Publication.

On motion, the Society took a recess.

AFTERNOON SESSION.

The Society met at 2 o'clock, the President in the chair, and the minutes of the evening and morning sessions were read and approved.

The chairman of the Committee on Medical Societies reported the following, which was adopted:

Resolved, That the Delemater Medical Association of Norwalk and vicinity, and the Jefferson County Medical Society, be recognized as auxiliary to the Ohio State Medical Society.

The Committee on Admissions nominated Andrew Sabine, of Columbus, as member of the Society, which nomination was confirmed.

Dr. R. G. McLean offered a resolution giving the Committee on Publication discretionary power to publish such papers as they see proper, except when they are specially instructed to print.

Considerable discussion arose in regard to this resolution, which was finally lost.

The Secretary read the paper of Prof. Kirtland, of Cleveland, upon the subject of the use of murcurials, which was referred to the Publication Committee.

On motion of Dr. Scott, a Committee of three was appointed to report on diseases of the Urinary organs.

Dr. Baker, of Cincinnati, moved that when the Society adjourns, it adjourn to meet at the Ohio White Sulphur Springs, on the —— day of June, 1860, which was agreed to.

Dr. J. W. Hamilton read a paper upon the subject of Ovariotomy in Ohio, which he illustrated with specimens. The paper was referred to the Committee on Publications, with instructions to print.

The following was adopted:

Resolved, That when any Committee shall ask further time to report, and fail to do so, said Committee shall be discharged from the further consideration of the subject referred to, and another Committee appointed.

The Committee on Ethics, in reference to the charges preferred by Dr. Maris against Dr. Hamilton, reported that the conduct of Dr. Hamilton was that of a high minded and honorable man.

On the pending of a motion to adopt the report, Dr. Maris made a touching appeal to the Society to protect him from injustice done him by the Committee. This appeal was seconded by Drs. Wright, Baker and R. Thompson, and responded to by Dr. Hamilton by a full statement of the matter pending, whereupon, after explanatory remarks from Drs. Wright and Baker, a vote was called for by the latter gentleman, and the report unanimously adopted.

The Society then took a recess till eight o'clock, to meet at Armory Hall.

In the evening, the members of the Society, with many others, listened to the lecture of Dr. Wright, at Armory Hall, after which they enjoyed a banquet at the Neil House, prepared by the members of the Society in this city.

Third Day—Morning Session.

The Convention met at nine o'clock. The minutes of the previous meeting were read and approved.

The Committee on Admissions recommended Dr. J. T. Houston, of Jamestown, Greene county, and Dr. John A. Carothers, of Killbourn, Delaware county, which nominations were confirmed by the Society.

Dr. Bronson read a paper which was referred, with instructions to print.

Dr. H. M. McAbee moved that the Publishing Committee be instructed to print the papers of Dr. Gundry on "Insanity," and Dr. Metz on "Obstetrics." The motion was amended by adding that all papers referred to the Committee be published. The amendment was lost, and the motion of Dr. McAbee prevailed.

On motion, the papers of Dr. Thompson were ordered to be printed.

Dr. Hamilton offered the following, which was adopted:

Inasmuch as Prof. R. D. Mussey, from its origin, a member of this Society, is, on account of age and infirmity, now resident in a distant city, and disqualified for active duty in the profession; therefore,

Resolved, That in respect to his distinguished character, we

request him to allow the Society to abate his assessments and continue his membership, and that the Secretary is hereby instructed to inform Prof. M. of this action.

On motion, the Publishing Committee was instructed to publish 3,000 copies of Dr. Wright's address upon "Drunkenness" in pamphlet form for general distribution.

Dr. Hamilton offered the following which was adopted:

Resolved, That a committee of three be appointed for the purpose of taking into consideration a plan to be adopted by the Society for the annual and regular distribution of prizes for meritorious essays.

Dr. Hamilton offered the following resolutions, which were adopted:

Resolved by the State Medical Society, That a committee of three be appointed to confer with the Commissioners of the State Library and the appropriate committee of the next Legislature of the State, and use such other means as in their discretion may seem necessary for the purpose of securing a medical department in the State Library.

Resolved, That said Committee of this Society as a nucleus for said department of said State Library, be instructed to endeavor to secure an appropriation, to be placed at the disposal of the State Librarian, sufficient to secure complete sets of all the medical periodicals currently or formerly published west of the Alleghenies. Also complete sets of the proceedings of the American Medical Association, the American Journal of the Medical Sciences, the North American Medico Chirurgical Review, the London Lancet and London Medico Chirurgical Review, in the order herein specified.

Resolved, That the Librarian of this Society is hereby instructed to procure three full sets of the proceedings of the Ohio Medical Conventions; also three full sets of the proceedings of this Society; also a full set of the proceedings of the State Medical Society of each State where the same can be procured by exchange, have the same bound when necessary, and present the same on behalf of this Society to said Medical Department of the said State Library.

On motion of Dr. Robert Thompson, the thanks of the Convention were unanimously tendered to the officers of the Convention for the courteous, able and impartial manner in which they had discharged the duties of their offices.

On motion of Dr. Landon, the thanks of the Convention were tendered to the newspaper reporters and publishers for their reports of the proceedings of the Society.

On motion, the Convention adjourned to meet in the afternoon at the Ohio White Sulphur Springs.

The following special committees were announced :

Surgery—A. H. Baker, T. G. Garlick, A. Carey.

Medical Literature—E. B. Stevens, H. J. Donahoo, J. Drake.

Practice—W. J. Scott, J. B. Potter, M. Thompson.

Obstetrics—M. B. Wright, J. H. Rogers, S. P. Hunt.

Obituaries—C. P. Landon, C. C. Hildreth, J. V. Schertzer.

Prize Essays—S. G. Armor, C. McDermot, W. H. Lamme.

Library—J. W. Hamilton, J. Helmick, J. C. Thompson.

Can. Indicus—R. R. McMeans, W. P. Kincaid, C. P. Landon.

Ovarian Disease—J. W. Hamilton, W. H. Mussey, G. V. Dorsey.

Amendments to Registration Law—John Dawson, S. M. Smith, J. L. Vattier.

Urinary Diseases—W. J. Scott, R. G. McLean, —— Senter.

Diseases of the Eye—A. Metz.

New Remedies—J. J. Delamater.

Anæsthetics—S. Loving.

Uterine Diseases—S. M. Smith.

Typhoid Fever—J. Pomerene.

Delgates to Pharmaceutical Association—M. B. Wright, R. Thompson, J. Harman.

Delegate to Indiana State Medical Society—E. B. Stevens.

Delegate to Kentucky State Medical Society—J. D. Robinson.

At eight o'clock, P. M., the Society had a meeting for business at the White Sulphur Springs.

On motion, the blank in the above resolution of adjournment was filled with the second Tuesday of June.

On motion of Dr. Hamilton, the following resolutions were unanimously adopted :

Resolved, That we hereby intimate our gratitude to A. Wilson, Esq., the urbane and gentlemanly proprietor of the "Ohio White Sulphur Springs," for his boundless hospitality and liberality, as exhibited in the princely banquet tendered this Society.

Resolved, That as citizens of Ohio, and conservators of the public health, we realize the greatest satisfaction in contemplating the ample and admirable arrangements for recreation, the promotion of health, and the cure of disease, which his enterprise and liberality have placed in our midst.

Resolved, That in the rare healthfulness of the locality, its varied and delightful scenery, its four varieties of mineral and medicinal waters, provided by a beneficent Providence, in such abundant and unfailing supplies, we have a combination of hygienic and medicinal facilities, challenging comparison with the best watering places of the country and of the world.

Resolved, That we most cheerfully recommend the "Ohio White Sulphur Springs," to the seekers of pleasure, recreation or health, as affording the most ample and desirable facilities for the attainment of these ends.

Resolved, That the papers of the State be requested to publish these resolutions.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

On an Imperfectly-known Function of the Pancreas, viz: Digestion of Nitrogenous Food.

General Propositions, forming the Summary of an Essay published with the above title and read before the Academy of Medicine of Paris; the first part in 1857, *and the second in February,* 1858. By L. Covisart, M.D.

Very little is known about the manner in which animal or nitrogenous food is digested in the *bowel;* and sicence has not advanced one step since the discovery of Purkinje and Pappenheim (1836) respecting the dissolving action which the pancreatic juice may exercise on such food—a discovery which has indeed remained almost unnoticed.

The pathological and experimental investigations on the *second digestion* (intestinal digestion), of which I have given an account (in the before-mentioned essay), have led to the following important

results: These are two fold: One group, of a physiological and direct character, are deduced from actual experiments. The other, of a pathological and indirect nature, are deductions or corollaries, which, as it seems to me, throw some light on clinical medicine.

I.—*Physiological Propositions.*

1. Nitrogenous food is digested both by the stomach and the pancreas.

2. The pancreas is, as it were, a supplementary organ, whose action after copious meals, is added to that of the stomach.

3. Both digestions are of the same nature, as any article of food subjected to either is transformed into the self-same nutrimentive product (albuminose or peptone).

4. The pancreatic juice has peculiar reactions under the influence of heat or certain agents, which reaction *the gastric juice does not present.* As this difference in the juices is found when they are both charged with peptones, after digestion, it has erroneously been supposed that the peptones also differed. This pardonable error, being pointed out, will hardly again be fallen into.

5. When an article of nitrogenous food, or a portion of it, has undergone a thorough gastric digestion, the pancreatic juice no longer acts upon it, and does not transform it into another peptone.

6. The pancreatic juice is intended to act upon that part of albuminoid substances which has left the stomach before being transformed into albuminose.

7. The amount of action of the pancreas may, in certain cases, be equal to that of the stomach.

8. If the mere quantity of secreted fluid were alone taken into account, the stomach might be looked upon as the more powerful, for the gastric juice is ten times more abundant than the pancreatic juice; but the latter is, to make up the difference, ten times richer in ferment (pancreatine).

9. The gastric juice has the advantage of a prolonged contact and stirring with the food; but the pancreatic juice has, on the other hand, the faculty of acting upon azotized aliments equally well, either in an alkaline, neutral, or acid state; it also acts three times quicker than the gastric juice.

10. Everything is so disposed in the duodendum, that the pancreatic juice acts immediately after it comes in contact with the food; and everything is so arranged in the stomach that a large part of the food is transformed into peptone, the remaining part being, at the very least, so prepared, as rapidly to undergo the pancreatic digestion.

11. This preparation, which varies according to the quality and quantity either of the food or the gastric juice, &c., consists sometimes in a dissevering or an extreme division, and sometimes in a solution. Pancreatic digestion, being forcibly very rapid, is usefully assisted by this preparation, the stomach acting respecting the pan-

creas in the same manner as the teeth do representing gastrict digestion.

12. It is, however, to be noticed that the pancreatic juice is able to accomplish, unassisted, the digestion of food which has not been subjected to that gastric preparation or division; in the same way as the gastric juice can digest food without extraneous help. Hence, pieces of albuminoid substances, being *directly* placed into the intestine in a raw state—that is to say, without any preparation—are perfectly and completely digested, the process being, however, somewhat slow. The pancreatic juice can, by its own unassisted energy, carry on the digestion of nitrogenous food, without requiring the adjunction either of the intestinal juice or the bile, to gain digestive properties. The digestion of azotized food, performed in glass jars over the water bath, by means of the pancreatic juice or isolated pancreatine, goes on in the same manner as in the duodendum.

13 When the gastric and pancreatic juices are separated, and act in succession, each performs its function completely, and the quantity of albuminose produced may thus be doubled.

14. But it is a remarkable fact, that when these two digestive ferments meet in a state of purity, the two digestions are no longer freely carried on. The mixture, far from doubling the produce, may reduce it to nought, for pepsine and pancreatine destroy each other under these non-physiological circumstances.

15. Nature, in the normal state, prevents this conflict by three distinct means—1stly, by the pylorus, which separates the two ferments; 2ndly, by the very gastric digestion through which pepsine exhausts and abolishes itself in the formation of peptone; 3dly, by the bile which destroys the activity of the gastrict ferment, as has been shown by Pappenheim.

16. Bile does not precipitate the peptone produced by the influence of the stomach so as to destroy digestion and necessitate its being again begun. On the contrary, the bile itself is precipitated by the acid of the gastric juice or of the chyme.

17. The nature of the nitrogenous food has much to do with the quantity of peptone which the two successive digestions can produce for the requirements of the economy. I have thus found in my experiments, that whilst musculine and casseine yield almost one ounce of perfect peptone, albumen, or gelatigenous textures, though given in the same quantity, yielded hardly half an ounce.

18. At the outset, gastric or pancreatic digestion destroys the most characteristic properties of the various albuminoid substances. It liquifies insoluble ones, deprives albumen of its coagulability, and caseine of its property of coagulating by rennet. It also deprives gelatine of its property of turning into jelly, and musculine of being precipitated by chloride of sodium, &c. In short, it transforms all the substances into albuminose and peptone.

The different kinds of albuminose, although their individual reactions are much less marked than those of the albuminoid substances whence they are derived, have, nevertheless, distinct characters.

19. The nature of peptones varies as the nitrogenous substances

from which they are derived. This variety satisfies the different (plastic?) requirements of the economy.

20. The peptones which are most alike and most difficult to distinguish from each other, are, the albumen-peptone, musculine-peptone, and strange to say, gelatine-peptone; just as if the articles of food from which these peptones are derived were less different from each other than is generally supposed. Fibrine-peptone and casine-peptone are more easily distinguished from each other, and from the substances above named. From the slight differences existing between azotized articles of food, or peptones, there arises a kind of unstable equilibrium, favorable to the work of assimilation performed by the tissues of the body.

21. The generic character of peptones is, that they are always soluble in water, be the latter acid, neutral, or alkaline, which circumstances secures an easy circulation in the organism. Heat does not coagulate peptones, and hardly any of them are precipitated by acetate of lead. Besides, they resist insoluble metallic combinations a great deal better than nitrogenous articles of food.

22. Peptones form a genus, as well defined as the albuminoid genus. It is, however, evident, that by the progress of science their nature will eventually be more exactly determined than can be done at the present period.

23. Some physiologists persist in the erroneous belief that the stomach merely swells or divides the food without dissolving it. How can they, however, withstand the testimony of the scales, which plainly show that, even where the weight of the food is considerable, every albuminoid article of food subjected to the action of the stomach is not merely divided, but dissolved, passes through the filter, and is absorbed by the membranes!

24. Others have maintained that the gastric juice, acting on nitrogenous food produces only gelatine. They, however, lose sight of the fact, that the characters which place gelatine in a peculiar albuminoid class, have never been discovered in the chyme after a digestion of fibrine, caseine, musculine, or albumine, even when the chyme was neutralized; and that, moreover, gelatine itself completely loses its specific characters, in consequence of undergoing digestion in the gastric juice.

25. Others, finally, resting on the hypothesis, that the albumen of the blood is nothing but the digested matters themselves, maintain that the peptones are reduced to albumen, by losing their acidity —viz: by being neutralized. Such an error can hardly exist, except albumen and fibrine be alone taken into account, excluding all other aliments; as an incomplete digestion of the albumen and fibrine may lead to confusion. Crude albumen, in fact, always partly escapes gastric digestion; ill-digested fibrine is transformed into albumen only (caseiform;) these two cases excepted, if experiments be made on the produce of concrete and washed albumen, of caseine, musculine, or gelatine, regularly digested by the stomach, no doubt can any longer be entertained. These gastric peptones never contain any albumen.

26. The peptones, either received or produced by the pancreatic juice, do not, any more than the latter, form any new albumen, and whether they be primarily or consecutively acid, alkaline, or neutral, do not increase by an appreciable weight the coagulable albumen which the pancreatic juice, pure and without peptone, *normally contains*.

27. During the three hours which follow a meal, when digestive solution, transformation, and absorption are not much advanced) the blood of the vena portæ (compared to the venus blood generally) does not become charged with a noticeable quantity of nitrogenous matter through digestive absorption; whilst on the other hand, the elements of the blood, globules and fibrine, become changed into albumen (caseiform) by a commencement of digestion, either in the intestines or the water-bath under the influences of the alkaline pancreatic juice.

28. Now, if it be considered that, during the first three hours of digestion—1stly, the pancreatic juice poured into the duodenum remains therein in a pure and active state; 2ndly, that this juice can pass into the vena portæ, (for absorption by the mesenteric veins is not suspended;) 3rdly, that this same juice can act in such an alkaline medium as the blood—if, moreover, it be considered that during those very three hours, a large portion of the globules and fibrine of the blood of the vena portæ is, weights remaining equal, transformed in that vein into albumen, (which is a commencement of transformation similar to that which they would have undergone in the intestine under the influence of this same pancreatic juice,) we can hardly refuse our assent to the hypothesis *true intra-venous* digestion, which hypothesis I confidently put forward.

29. No actually differential character has ever been pointed out between the nitrogenous matters which go by the name of extractive, and the albuminose which is generated by gastric or pancreatic digestion. Now, it should be noticed that the lacteals, *the vena portæ, and the hepatic veins, which are its continuation*, or, in other words, the vessels which most directly receive the product of digestion—are by far richer in extractive matter (albuminose) than the rest of the blood. It may, moreover, be noted that they are also richer in glucose.

30 The nutritive richness of the hepatic vessels (albuminose and glucose being contained in them) may be explained by the gastro intestinal absorption, to which is energetically added prolonged intra-venous digestion, although the liver has no share in the process.

II.—*Corollaries, vel Pathological Deduction.*

A. We may take it as almost certain that there exists (as regards albuminoid aliments) a duodenal dyspepsia, caused by the vitiation, insufficiency or absence of the pancreatic juice, the symptoms of which appear only from the second or third hour of digestion, with a deeper seated pain than is felt in gastric dyspepsia.

(See Propositions 1, 2, 3, 6, 7.) The internal use of pancreatine is indicated* in cases of pancreatic duodenal dyspepsia.

B. Secondary duodenal dyspepsia may be the result of an almost total absence of that kind of division which food, under the least favorable circumstances undergoes, by means of the gastric juice before that food has been transformed into peptone. Pancreatic digestion is then slower, just as gastric digestion is slower, when the teeth have not duly performed their functions. This secondary pancreatic dyspepsia may be cured by the treatment suited to the primary gastric dyspepsia.

C. Another secondary duodenal dyspepsia may arise, either from an excess of gastric juice, or from a patency of the pylorus; for in these two individual cases the gastric juice reaches the duodendum in unfortunately retaining all its active properties, which latter are prejudicial to the action of the pancreatic juice. (See Propositions 13, 14, 15 and 16.)

D. A third duodenal dyspepsia may arise from deficient biliary secretion, this deficiency being followed by the same unpleasant effects as are noticed in the two preceding cases, on account of the non-destruction of the activity of the gastric juice in the duodendum.

E. A peculiar kind of dyspepsia, which might be called of the portal vein, or hepatic, may arise from the vitiation of the intravenous digestion.

F. Certain symptoms of dyspepsia, gastralgia, enteralgia or hepatalgia, may erroneously be attributed to the stomach, the intestine or the liver; these symptoms may simply be the result of the absorption of the too abundant, too active, or too irritating pancreatic juice by the vena portæ.

G. Bile, when it reaches the stomach, destroys the activity of the gastric juice within that organ, whether it penetrates the cavity pathologically through the pylorus or by the mouth and cardia. The knowledge of this fact may lead to the employment of bile to counteract the morbid superabundance of the gastric juice.

H. The economy is supplied with a variable weight of peptone, through the weight of different kinds of nitrogenous articles of food and digestive force remained the same, the weight of the peptones varying according to the kind of nitrogenous food. It is a great error in hygienics to esteem the trophic, or nourishing power of a nitrogenous article of food, simply by the amount of nitrogen it con-

*Last year Dr. Corvisart made some clinical experiments on the therapeutic use of pure pancreatine. The difficulties he met with are recorded in the *Gazette Hebdomadaire* of Paris, May, 1857, pp. 321, 322. Dr. G Harley, who read a paper on Digestion (just twelve months after the above date) at the meeting of the British Association for the Advancement of Science, seems never to have heard of Dr. Corvisart's article on the subject. Dr. Harley maintains, in opposition to the latter physician's statements, that in the administration of duodenal ferment, it is not necessary to imitate nature, who prevents pancreatine from passing into the stomach. For the causes of the difficulties met with by Dr. Corvisart, and the means to overcome them, see Propositions 13, 14 and 15, paragraphs C and D of the summary, and page 51 of the Essay.

tains. The trophic, or alimentary standard of food is not so easily fixed.

I. When it is more urgent to allay pain and irritation about the digestive organs than to restore muscular energy, the food should consist of that kind of aliment which is most quickly and completely dissolved, whatever be the amount of peptone it yields.

J. But when it is more important rapidly to restore muscular force than to allay gastro-intestinal pain, we should, on the contrary, give such food which, the digestive force being the same, yields the greatest weight of peptone, though that food be likely to dissolve and digest slowly. (See Proposition 17.)

K. He who digests with one organ only, (stomach or pancreas,) is thereby put on half allowance as regards peptone; and he who eats only albumen or gelatinous tissue, (instead of caseine or musculine, which yields double as much peptone,) is also put upon half allowance; and with a normal and equal digestive force is only half nourished. (See Proposition 17.)

In the two preceding cases, an over-activity either of the one organ (first case,) or of both organs (second case,) may occur, and extract from the food the full allowance of peptone. But we must not long trust this extreme functional exertion; for any persisting over-activity must sooner or later end in exhaustion.

L. We should not give for a long time one kind only of nitrogenous food, not only, because one kind of azotized aliment is not capable of repairing the waste of the organism, but also because the same article of food given exclusively and continuously (for a week for instance) no longer excites gastric secretion, and no longer fully undergoes the digestive transformation.

M. Most of the peptones upon which I have made experiments, have the peculiarity of not being precipitated by neutral accetate of lead. Now, in all cases where the albuminoid matters of the urine happen to be of the albuminoise kind, they remain in solution, in spite of the accetate of lead used to precipitate them. They therefore mask the sugar more effectually than all other ingredients of the urine when the potash and copper test is employed. The presence of sugar may thus be overlooked when it really exists in the urine.—*London Lancet.*

Lectures on Asthma, Delivered at Hotel Dieu, by Prof. Trousseau.

[Translated from the Gazette des Hopitaux of Oct. 19th, 1858, for the Boston Medical and Surgical Journal.]

LECTURE VI.—TREATMENT OF ASTHMA.

In some places where asthma is a common malady, the treatment of this affection was formerly given up to empirics. In the East Indies, it was a popular remedy to smoke a certain plant, which was nothing but the datura metel. Dr. Anderson, a physician at Madras, recommended the use of this plant; he sent some of it to an English officer, who brought it to Europe in 1802, and gave

part of it to Dr. Sims, of Edinburgh. That gentlemen perceiving its efficacy, tried as a substitute the datura stramonium, and to-day the stramonium has become a popular remedy in the treatment of asthma.

What we have said of the stramonium is applicable to the other species, the ferox and fastuosa, as well as to the metel which was first employed, and to the other Solanaceæ; but most commonly it is the stramonium which is employed. Of all the remedies administered to overcome the attacks of asthma, this usually succeeds the best. Its dried leaves may be smoked, either in a pipe or rolled up in a paper in the form of cigarettes. This remedy does not succeed with all cases; it is generally without effect in habitual smokers. It is easy to understand this, when we reflect that tobacco is a poisonous solanum, and consequently belongs to the same family as datura; so that being accustomed to the action of nicotine may hinder the action of the active principle of stramonium. Nevertheless, I have known tobacco smokers who found relief from stramonium; which proves that this has a specific action different up to a certain point from that of nicotine, and that consequently one cannot replace the other entirely. There are, at the same time, asthmatics, who, not making an habitual use of tobacco, are able to calm their attacks by smoking that plant. I myself am of the number; and I have already told you that it is often sufficient for me to take a few whiffs of a cigar to obtain entire relief.

In general terms, all the poisonous Solanaceæ—Datura, Tobacco, Hyoscyamus, Belladonna—possess more or less the same properties. They all enter into the composition of the *cigarettes Espic* of Bordeaux, cigarettes which have enjoyed for a long time a great reputation in the treatment of pure asthma and pulmonary catarrhs, complicated with nervous accidents. They are prepared in the following manner:

Selected leaves of Belladonna	.....	0.30 centigr.
" " " Hyoscyamus	.....	0.15 "
" " " Stramonium	.....	0.15 "
" " " Conium	.....	0.05 "
Gummy extract of Opium	.....	0.013 milligr.
Cherry-laurel Water	.....	q. s.

The leaves, dried with care and freed from their nervures, are broken up and carefully mixed. The opium is dissolved in the cherry-laurel water; the solution is equally distributed over the mass. The paper which is used to form the cigarettes is previously washed, at the time of the moistening of the plants above mentioned with the cherry-laurel water, and suitably dried. We can understand the success of this remedy.

It is always very important, when we prescribe to asthmatics the use of the datura and other solana, to prescribe the abuse of them; otherwise they would soon exhaust the power of these remedies. It is when the attack is violent, and only then, that recourse should be had to them. The patient should smoke two cigarettes a day, or

rather each night at the moment of the attack, and not seven, eight, or ten, as a great many are tempted to do.

When the patient cannot smoke, a substitute may be supplied by burning the datura in his chamber, surrounding him in this way with an atmosphere of antispasmodic smoke.

I repeat, with this method of treatment, as with all, at least with all those addressed to nervous complaints, we must pay special attention to individual peculiarities. One patient will be benefitted by the Datura, another by Belladonna, another by Hyoscyamus, a fourth by Tobacco. There are those, also, and the patient No. 1 is of the number, who cannot bear the Solanaceæ; for these we must employ other remedies justly extolled.

Among these remedies, I would mention fumigations of nitre paper, made in the following way:—make a saturated solution of nitrate of potash, with which a sheet of unsized paper is to be soaked. This paper, properly dried, is divided into a certain number of parts and each one of them is rolled into the form of cigarettes, which the patient smokes like a tobacco cigarrette. If he cannot use it in this way the paper is rolled up into a ball, and then lighted; the smoke is received into a tunnel, or more simply still, into a cone of paper, of which the patient places the end in his mouth, inhaling, thus, whiffs of the smoke.

In some patients I have associated both methods of treatment, by causing them to roll up the leaves of the solana in a cigarette of nitre paper.

Among the remedies used in the treatment of asthma, is one, by turns vaunted by some, and proscribed by others, in too sweeping a manner, for in a certain measure it renders signal services; I refer to the application of ammonia to the back part of the pharynx.

This treatment is due to Ducros de (Sixt). Called to a patient suffering from asthma, he applied by means of forceps, to the back part of the pharynx, a large hair pencil filled with water and aqua ammoniæ in equal parts.

An eccentric man, and full of the strangest medical theories, Ducros was led to this practice by this singular idea, that the bottom of the pharynx was the centre from which emanated all the nervous power of which he thus sought to modify the action. Strange as his point of departure was, he obtained real success from his ammoniacal applications; that which he obtained particularly in the case of the sister of Louis Philippe, gave him at once a great reputation in Paris. Experiments made by other physicians, by M. Rayer, by myself, showed, in some cases, the efficacy of this remedy. But in others, I had occasion, for my own part, not to flatter myself for having employed it; formidable symptoms occured at the moment of making the application; and while acknowledging its advantages, I ought to warn you of its dangers.

Two cases will always dwell in my memory:

A strong man, of colossal frame, came one day to consult me in my office; he was sent to me by my colleague and friend, Lebreton. At the moment when I introduced into the back of the throat

the brush charged with the diluted ammonia, he was seized with a frightful paroxysm of orthopnœa; in an instant he leaped to his feet as if thrown up by a spring, and rushed to the window in a state of fearful suffocation. I believed he was going to die, and he thought the same. Nevertheless, the relief came; but the patient did not care to try the second experiment.

Some time after this, a lady, whom I have since had occasion to see, came to consult me. This time I operated with the most extreme caution; and, notwithstanding, hardly had the brush touched the pharynx, when a terrible attack of dyspnœa came on. This time, at any rate, I was able to watch the result of treatment, and I learned that the patient remained two months without a return of her attacks; an exemption which she had not had for a long time.

Our patient in No. 1, will tell you that he, too, has been subjected to this application of ammonia, and that the only time he submitted to it he was seized with such an attack of dyspnœa that he seemed to be at the point of death. From that moment, too, he had his attacks every four days returning at the hour the operation was performed, while previously he had an attack only once in three months.

The treatment of Ducros, then, does not cure all cases, although many patients bear it with perfect ease. Ducros employed it daily without ever observing any bad effects. Nevertheless, the accidents which I have witnessed have shown me that we should use it only with extreme caution, and that death itself may happen in the midst of one of these fearful crises. Therefore, when I have recourse to this remedy, I take the precaution which I also recommend you to employ. I cause the patient first to breathe the vapor of the ammonia, by passing under the nose a phial filled with this alkali; then I touch the throat the first time with a solution of one part ammonia to nine parts of water. The next day I use a solution containing eight parts of water, then seven, gradually coming to a solution of one part to three, and at last, when the patient has become accustomed to it, I use a solution of equal parts.

There is another method of employing ammonia, which is to keep the patient in an atmosphere of ammoniacal vapors, which are disengaged by leaving in the chamber plates filled with this substance.

It is to these vapors that certain patients owe the relief which they obtain by a residence, more or less prolonged, in places where this ammoniacal vapor is disengaged. I have already quoted the case of the captain of a vessel, whose history Dr. Vidal communicated to me, and who was free from his attacks while he was navigating a ship filled with guano.

The internal use of ether, either under the form of a syrup, or in capsules, is a means which also sometimes succeeds; sometimes, also, I have obtained good results from an emetic given at the right time. That which I employ is ipecacuanha, of which I give forty-five grains in powder, divided into four parts, to be taken every ten minutes until an effect is produced.

I have indicated some of the means proper for combating the at-

tacks of asthma; it remains for me to speak of the means to be employed to prevent their return.

Here the intervention of art is often less efficacious than in the first case; often it is powerless.

The following is the method of treatment which has had, in my hands, the most fortunate result in the cases in which I was able to try it.

This plan of treatment is long, and requires to be followed with great exactness; it is composed of the following series of means:

1. During ten successive days in each month, the patient takes, on going to bed at night, at first, one; then three days after, two; and the four last days, four pills of the following composition: extract of belladonna, 0.01 centigr.; powdered belladonna root, 0.01 centigr. Ft. pil. i.

2. During the next ten days, the preparations of belladonna are replaced by the syrup of turpentine, of which the patient is to take at night four hundred and fifty grains.

3. During the last ten days of the month, the patient is to be put on the use of arsenical fumigations, which are made in the following manner:

A solution is made with fifteen grains of arseniate of soda in three hundred of distilled water. With this solution soak a piece of paper, not sized, so that it may dry easily; the paper, properly dried, is divided into twenty equal parts, each of which, consequently, holds five centigrammes, or three quarters of a grain of arseniate of soda.

Each piece of paper is folded into the form of a cigarette. The patient, having lighted it, inhales the smoke, which by a slow inspiration is made to enter the bronchial tubes. But four or five whiffs should be taken once a day. In the same way as with the inspirations of nitre, if the patient cannot smoke the cigarette, he makes use of it by burning the piece of paper rolled up into a ball under a tunnel, or paper cone, in the manner I have mentioned.

Finally, as a complement to the treatment, the patient ought to take, once in ten days for a year, in the morning fasting, a powder of a drachm of Peruvian bark. During fifteen years that I have employed this method of treatment, I have had reason to be pleased with the result in a good number of cases.

In speaking to you of the causes of asthma, I have told you that climate and locality have a decided influence on certain patients; I have mentioned cases of asthmatic patients who never had an attack while they resided in certain localities, whereas in others they were constantly tormented. This circumstance should be taken advantage of. But in advising these patients to change their residence, you ought to refer them to their own experience, or to warn them, if they have not tried this method of treatment, often efficacious it is true, that experience alone should be their guide, for often you may exhaust the jurisdiction of medicine, so to speak, without obtaining satisfactory results. There does not exist, in fact, an absolute rule in this matter. A place answers perfectly well for

one patient, which does not suit another. Thus, low places generally agree with asthmatics; high lands are generally hurtful, and yet I have known a general, who, subject to incessant attacks of asthma during his residence in Paris, was free from them during ten months that he passed at Clermont-Ferrand, and had not the slightest attack during the time that he remained among the mountains of Mont-Dorè, where he made numerous excursions on foot and horseback.

You perceive, then, the peculiarities of this singular affection; etiological, pathological, therapeutic peculiarities, all show you that asthma is of an essentially nervous nature.

S. L. A.

Diphtherite.

As this disease is now so wide spread as to attract the almost universal attention of the profession, the following facts collected from various sources may prove of interest:

Its History.—Dr. Hillier,* of London, after referring to the various epidemics of sore throat described by early writers, proceeds as follows: Dr. Bard, of New York, writing in 1771, is the first author who distinctly describes the formation of a false membrane similar to that which is found in croup. He describes cases in which there was angina alone, others in which angina was combined with laryngitis, and others in which there was laryngitis alone. He quite discards the notion of gangrene or ulceration, which all the previous writers had described, and considers the white appearances to depend on an exudation. These views were nearly lost sight of until M. Bretonneau, in the beginning of the present century (1826), wrote a treatise on diphtherite, in which he states that this throat affection is not attended with ulceration or gangrene, but is closely identified in every respect with croup. Since Bretonneau's time the disease has been described by many French writers, among whom are Guersent, Isambert Rilliet, Barthez, Trousseau, Bouchut and Empis. There was a very virulent epidemic in Paris in 1855. From the early part of 1855, to March, 1857, a very virulent epidemic of it prevailed in Boulogne, during which there died 366 persons, of whom many were English. There was less disposition in the false membrane to spread to the larynx than had been noticed by Bretonneau. The recoveries were attended with extreme debility, and occasionally by gastro-intestinal complications. M. Lemoine describes an epidemic at Nièvre, in which air passages usually escaped. M. Jobert has described another in the department of Haute Marne, where the nasal fossæ were usually invaded, and not often the larynx. M. Lespiau has given us an account of an epidemic which occurred among the soldiers at Avignon, in the autumn of 1853: here the false membrane usually spread to the air passages. Of 1,796 sol-

* Medical Times and Gazette, January 29, 1859.

diers, 195 were attacked ; and out of 22 children, 4. In the cases secondary to other diseases, nearly all died ; while in the primary cases only 6 per cent died. Such, then, is the French account of this disease as existing in that country during the present century. I must now come down to the epidemic which has been described in this country during the past eighteen months. It first attracted general attention in England of late years in the autumn of 1857, a few cases having occurred for twelve months previously ; during the winter it increased and prevailed in Kent, especially near Canterbury, Essex, Suffolk and Norfolk ; subsequently it spread to Staffordshire and the midland counties. During June, July and August, it spread northwards to Lincolnshire and Yorkshire ; and since then has prevailed in very many parts of England.

In this country there has been a very general prevalence of this disease during the last year, and in certain localities it has been very fatal.

Its Character.—Dr. Hillier gives the views of writers : Bretonneau lays great stress on the great resemblance during life between the false membranes on the back of the throat and sloughs. If the patches are circumscribed, the œdematous swelling of the cellular tissue around makes them appear depressed, and one is tempted to believe that one has a foul ulcer with a considerable loss of substance. If, on the contrary, they are extended on large surfaces, they are partly detached, hang in flakes more or less putrified, and simulate the last degree of sphacelus. The disease to which he gave this new name had the following characters : ' The diptheritic inflammation, he says, extends itself nearly as a liquid which is poured out. There are often some long narrow stripes of a deep red color, which stretch into the pharynx or descend into the trachea. A band of exudation matter is formed on the middle of each stripe.' He thinks that, except by post-mortem examination it is often impossible to distinguish between false membrane and sloughs ; and even after death unless the examination be careful the two may be confounded. Its onset was not usually very alarming, but manifested only by a slight difficulty in swallowing, and sometimes by gentle pain. There was slight febrile disturbance, and prostration more or less marked. Soon the characteristic false membrane was seen. Before its appearance there was a circumscribed and punctiform redness observed in the pharynx, without any swelling. It was nearly always in one tonsil that these appearances commenced, and the whole gland was soon involved. A little later, on the surface of the tonsil, little opaque patches formed like coagulated mucus. According to Bretonneau, under this layer mucous may afresh accumulate at certain points, and simulate vesicles or small pustules. At first the false membrane is transparent, but it soon becomes opaque and more consistent. It varies from a very thin membrane to a quarter of an inch. Its color varies from yellowish white to greyish or even black. It extends in width, the redness of mucous membrane preceding its formation. On lifting the morbid product it is found united to the mucous membrane by small filaments, which Bretonneau thinks pen-

etrate the mucous follicles. The seat of exudation is said to be between the epithelium and corium. The mucous membrane underneath was injected of a dull red color; on it were often seen black ecchymoses, oblong and irregular in outline; they were sometimes enough to make the membrane livid and like a cancerous excrescence. The lymphatic glands of the neck always became engorged. The breath was commonly fetid. There was usually salivation, the matter being yellow, fetid, and sanguinolent. Pain was not proportionate to other symptoms; it was sometimes quite absent. The voice was dull and nasal. The false membrane had a strong tendency to spread to the larynx, and then, says Bretonneau, to pass into croup. In some cases the skin became coated with a similar exudation, especially the alæ nasi, backs of ears, the anus, vulva, and nipples, as also, blistered surfaces. The membranes from pharynx were often expectorated in considerable sized pieces. The pulse was usually small and weak, but little more frequent than natural; there were moderate thirst, and loss of appetite, sometimes diarrhœa, and less frequently vomiting. There were nearly always great prostration and lowness of spirits. The great danger of the disease arose from its spread to the air-passages. The disease sometimes proved fatal from prostration, but this mode of death was more rare than the former, according to Bretonneau and other French authors.

Some writers maintain that diphtherite is only a masked variety of scarlatina anginosa, while others believe the diseases are totally distinct. Others, again, think they have met with distinct cases of each disease, and have also seen cases of scarlatina complicated with diphtherite. Dr. Cormack thinks that it is a malignant herpetic eruption of the throat; and others say it is only a malignant form of quinsy. These differences of opinion as to the nature of the disease must, I believe, be in great measure ascribed to the fact that many of the observers have not met with cases of the genuine disease in a typical state, and have consequently formed erroneous conclusions founded on a partial experience, and from the presence of an epidemic of scarlatina aginosa, and cynanche maligna or scarlatinous angina at the same time.

Dr. Kingsford (*Lancet*, November 6, 1858) speaks of paralysis of the muscles of the neck, pharynx, and larynx, as a sequela to the severe form of diphtherite. He, however, appears to me to include in his description of the disease, cases of scarlatina anginosa. He also states that Dr. Gull informed him that he had met with a case in which the upper extremity was involved, and that he had himself just seen a lady recovering not only from loss of speech and deglutition, but also from partial blindness and paralysis of both arms, the result of this formidable complaint.

Dr Semple, at the Medical Society of London, described some cases which he saw at Bagshot. He thinks they were very different from scarlatina. The onset was very insidious; and when advice was first sought, the pellicle had often reached the air passages. Some died by asphyxia, but many more from exhaustion. It did not specially attack the puny and ill-fed, nor those living under unfavorable hygienic conditions.

Dr. Wade, of Birmingham, who has recently issued a pamphlet on the subject, considers that all the cases described by Fothergill and Huxham were the same as those described by Chomel, Bard, and more recently by Bretonneau; he does not consider that the circumstances that some of the cases were very similar to scarlet fever, and that the earlier cases were described as being attended with sloughing and ulceration, are enough to distinguish them.

Dr. Laycock, of Edinburgh, in a clinical lecture published May 29th, 1858, regards diphtherite as a disease produced by fungous growth, *oidium albicans*, the same that is found in thrush. He says: If the fungus multiply in a population at the same time that there is an epidemic of scarlatina or rubeola prevalent, that epidmic may be expected to take the diphtheritic form.

Regarding the nature of the false membrane affecting the throat in diphtheria, Dr. Harley* states that various and inappropriate names had been given to it, such as fibrinous, plastic, and fibro-plastic, all of which terms are very apt to mislead the mind as to its true nature. He had examined it in twelve cases, and found it to consist neither of fibrin nor fibro-plastic cells, but simply of the epithelium, mucus, and mucous cells proper to the part of the throat from which it came. When blood corpuscles were found in the exudation, their presence was due to some accidental abrasion of the mucous membrane. Pus-cells were also occasionally present, especially in those cases where ulcers had formed after the application of caustic. The false membrane, Dr. Harley believed, was composed of a hypersecretion of the ordinary mucus, and the presence of fungi upon it was due to some accidental circumstance. In the twelve cases he had examined, the *oidium albicans* was absent in all except one; and even in that case the fungus did not grow upon the membrane until fifty-six hours after its removal from the patient. While speaking of the *leptothrix buccalis*, he related a very interesting case of diphtheria that occurred in University College Hospital. Several yellowish colored masses taken from the pharynx, œsophagus, and stomach, after death, when examined by the microscope, were thought by some experienced microscopic observers to contain numerous algæ. Dr. Harley pointed out to the Society, however, how he had been able to demonstrate that the supposed algæ were, in reality, crystals of fatty acids. But he did not mean to deny that algæ were sometimes found on the diphtheritic membrane; for, as they constantly occur upon the tongue and between the teeth of the most cleanly individuals, it is reasonable to suppose that they may occasionally attach themselves to the false membrane. What Dr. Harley wished to be understood to mean was, that neither fungi nor algæ were essentially components of the exudation, far less could they be regarded as constituting the disease. Diphtheria was, in his opinion, as much a blood disease as either small-pox or typhus, and the exudation on the throat was merely one of its characters.

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*British Medical Journal, Jan. 29, 1859.

Its Treatment.—Bouchut† teaches that, whether sporadic or epidemic its treatment is the same. The indication is the mechanical or chemical removal of the false membranes, and the prevention of their re-formation by the aid of contra-stimulant and anti-plastic remedies. The first of these is best fulfilled by the exhibition of emetics every or every other day. The membranes may also be destroyed by the hydrochloric acid, so much approved of by MM. Bretonneau and Trosseau, by nitric acid, nitrate of silver, and the actual cautery. Although these means are, no doubt, often of service, M. Bouchut does not resort to them; but if he did, he would give the preference to the hydrochloric acid, rejecting the actual cautery as a barbarism. The means he employs is glycerine, which he finds to be a very efficient solvent of false membranes, when not too hard, and especially when they are muco-fibrinous, rather than fibrinous. There are great differences among these false membranes to be noted. Some are but slightly resisting, whitish, pultaceous, and formed of a soft exudation filled with muco-pus and granular bodies, in the midst of numerous epithelial cells, and almost desitute of fibrin; others, which are more resisting, consist of a greyish albumino-fibrinous exudation, contain a little more fibrin than the former, and are easily torn. Others are entirely fibrinous, whitish, and tough, exhibiting under the microscope filaments of well-marked fibrin, amidst which a small quantity of epithelium and granular bodies are observed. Of these three varieties of false membranes, the first two readily dissolve in glycerine, while the last does so incompletely. These latter also become softer and less bulky, but they do not entirely disappear under the action of glycerine.

For the purpose of preventing the reproduction of the false membranes, various alteratives and specifics have been employed. Mercury, M. Bouchut believes, risks doing as much harm as good; and he thinks better of divided doses of antimony, which, with proper precautions, may be given to children. Baron strongly recommends carbonate of soda or the Vichy waters, both as a preventive and a solvent agent, but from this M. Bouchut anticipates little. Chlorate of potassa, highly useful in ulcerative and gangrenous angina, giving rise to purulent or pultaceous products, and in stomatitis, has proved of no efficacy whatever in his hands in numerous cases of diphtherite and croup.

M. Pichenot states that during an epidemic at Censerey, Department of Cotè-d'Or, the employment of emetics prior to the appearance of the membranes, the removal of these by alum, and then the repeated application of nitrate of silver, this treatment being combined with the use of tonics and strong broths, constituted an efficacious plan of management. Of 125 children, presenting all varieties of the disease, 77 recovered and 48 died.

M. Loisseau, of Montmartre, declares that during fifteen years that he has been in the habit of employing alum and tannin through the medium of laryngo-tracheal catheterism he has not lost a case.

† Med. Times and Gaz. from Gaz. des Hop.

M. Ollivier, of Ingrandes, states that during an epidemic of scarlatina with ulceration and couenneuse angine, the best results attended cauterizing the parts with his pure acid nitrate of mercury and the external employment of leeches.

Dr. Heslop, * in an article on the disease as it has lately appeared in England, strongly recommends the tincture of iron, which he regards almost as specific. Dr. Camps, in a paper lately read before the Medical Society of London, considers that the general treatment should comprise the administration of the chlorate of potassa with chlorine, or a combination of cinchona bark or its alkaloid with the mineral acids. He adds: In severe cases calomel should be given in repeated doses until ptyalism is produced, and emetics, in the earlier stages, have been administered with good effect. The powers of the patient should be supported by wine, beef tea, and other invigorating means.

Dr. Hiller † says: It has been hastily concluded that mercurials are contra-indicated in the present epidemic. When the disease runs a rather slow course, and the air-passages are attacked by the extension of a tenacious false membrane from the pharynx, I should be disposed to employ calomel in small frequently-repeated doses, or mercurial inunction, not omiting stimulants, and even tonics, if the symptoms appeared to require them. We must be quite sure we are not dealing with a case of scarlatinal angina before we resort to mercury. The use of emetics may also be allowed in some cases. The tonics most to be recommended are bark and chlorate of potash, or hydrochloric acid. Should tracheotomy be ever employed? If dyspnœ is a marked symptom, and the signs of blood poisoning previously to the air-passages being involved were not very marked I should advise its employment, though not with any great confidence of its doing good.

Dr. Laycok ‡ says: I may observe, that antiseptics and parasiticides appear to be the most efficient remedies in diphtheria. I can speak very favorably of the value of the tincture of the sesquichloride of iron (an antiseptic) and hydrochlorate of potassa. The latter, taken alone, will sweep away the pellicle in a few hours. Hydrochloric acid is also useful. Borax, which is so efficient in muguet would probably be serviceable in diphtheria. And, I may say, that I have found a concentrated solution of borax as useful a local application in favus as any that I have tried. It is also serviceable in certain forms of lepra, applied externally, and, I believe, from its action as a destructive parasiticide. There are other remedies of this class, as the linimentum æruginus, the chloride of zinc, chloride of lime, etc. Early blood-medication is far the best treatment, inasmuch as local applications, like the nitrate of silver, cannot have any effect on the air passages, where the greatest mischief is done. Calomel and blisters seem wholly contra-indicated; indeed the latter must be considered far more likely to be hurtful than beneficial.

* Pacific Med. and Surg. Journal, September, 1858.

† Med. Times and Gaz., Feb. 12, 1859. ‡ London Lancet.

Wine, in moderation, is likely to be useful, and makes an excellent gargle diluted one-half.

Mr. Stiles * says: I have prescribed twenty minums of the tr. ferri mur., with the same quantity of tincture of columba, in water, to be taken three times a day, and the frequent use of a gargle containing a drachm and a half of Beaufoy's solution to eight ounces of water. And I have also recommended that a portion of the gargle may be allowed to pass down the throat, as I quite agree with Mr. Davy, that the putrid fluid which is swallowed is one of the chief sources of danger. I apply Beaufoy's concentrated solution by means of a sponge probang, six or eight inches in length, which affords a fair opportunity of sufficiently mopping the pharynx and parts over the base of the tongue and epiglottis, to prevent the extension of the exudation to the larynx.

Mr. Alford* says: Having had several cases of diphtheria, I tried a gargle of chlorinated soda, of the strength of from half a drachm to a drachm in an ounce of water, to be used every ten or fifteen minutes, so as to wash away, and *keep washed* away, the morbid growth, and, by the constant application of the chlorine contained in the gargle, destroy the poisonous character of the disease. When this plan is persevered in, the white fungi and jelly-like mass are washed away; and the throat is kept free by constant gargling. I believe the chlorine itself not only counteracts the poisonous nature of the morbid secretion, and destroys its deleterious character, but also has a beneficial effect on the system at large; and again, by destroying the virus, prevents its spreading to other members of the family.

Mr. Hodson* used chlorine by inhalation in a bad case with good results: I then proposed trying the effects of inhalation of the vapor of boiling water, mixed with a portion of solution of chlorinated lime. A very serviceable vapor-bath was thus extemporized. An earthen milk pan was placed on the bed close to the child; above this a large open umbrella; shawls and a piece of drugget were thrown over, hanging down to the bed so as to inclose the child and milk-pan completely; the latter was then half filled with boiling water; and, lastly, a few spoonsful of the chlorinated solution were added. After a few minutes the exudation became looser, and at the end of ten minutes, when the coverings were removed, the breathing was much freer. I directed this vapor-bath to be repeated every three hours, and occasionally a large sponge, dipped in boiling water, with a little of the solution sprinkled on it, held beneath the mouth and nose. For two days this plan was steadily pursued, and excepting for a few hours, the improvement was uniformly progressive.

Dr. Perry speaks favorably of turpentine as a remedy in diphtheria: I rub up ʒij. of the spr. terebinth. with the yelk of an egg, and add enough syrup to make a ʒxij. mixture. One tea spoonful

* British Medical Journal, January 8, 1859.

in milk every two hours. Then dissolve 3j. of the ammon. carb. in 3xij. of water, and give one tea spoonful every two hours also in milk. Besides this the child takes port-wine, porter, and beef-tea, or wine with the yelk of egg *ad lib.* I have not found in any of my cases strangury caused by the turpentine. The patient dislikes it of course, and it requires a determined and attentive nurse; but I have found the plan very successful, and I speak of those cases where decided croupy breathing and fits of suffocation have made their appearance.

Dr. Blake,* of California, who has had much experience in this affection, thus gives his treatment:

The medicines I generally have recourse to are the chlorate of potash combined with the spirit mindereri when there are feverish symptoms, and with quinine, or tincture of bark when the pulse becomes too soft. How the chlorate acts in this disease I cannot tell. It might be merely by its aid as an antiseptic, neutralizing the secretions that have found their way into the stomach from the throat, or it might exert an analogous action on the poison in the blood; or it possibly might be inert, the patient getting well merely *post*, and not *propter hoc;* however, I think at least as an antiseptic we are justified in giving it. The dose should be from five grains to a scruple every two or three hours, or less frequently when the symptoms are not severe. I am also in the habit of prescribing considerable quantites of charcoal with a view of neutralizing the fœtid secretions that must find their way into the stomach.

On Tuberculosis and its Treatment. (*No.* 8.) By GEORGE J. ZIEGLER, M. D., Physician to the Home for Invalids, with Diseases of the Chest. Philadelphia.

4. *Light.*—Light is a very important condition of life, though apparently not so essential thereto as heat, Nevertheless, its influence is very potential in promoting life action; and besides, as it is analogous to, and correlative with heat, it is hence more or less necessary to the existence and development of the vital economy. The influence of light has, however, been considered too exclusively limited to the lower forms of life, the vegetable especially, while in reality it is highly essential to the existence and development of animal as well as of vegetable life. Its influence is, therefore, not limited to plants alone, but extends also to animals, man inclusive. This influence is especially exerted in promoting the organic or vegetative processes, and is thus strikingly manifested in the growth and development of both plants and animals. Its power in thus promoting the vegetative functions of both plants and animals, is very great, and often strongly marked.

Still, this power is not exclusively limited to the promotion of the organic functions, or the vegetative life of animals alone, but is also more or less active in promoting those of the animal life, or the life

* Pacific Med. and Surg. Journal, Sept. 1858.

of relation. This is constantly exhibited in the influence which it exerts in augmenting the sensibility, impressibility and irritability of the special senses and general nervous system, and increasing the excitability and activity of the muscular organs. The influence of light upon the animal economy does not, however, stop here, as it is, moreover, still further operative in exciting the functions of the cerebrum, and is thus active in promoting the higher and more exalted processes of psychical life. While, therefore, light is very active in promoting the functions of organic or vegetative life, it also exerts more or less power over those of both the animal and psychical life.

That light does thus exert a powerful influence over the various functions of the animal economy, may be made more clearly manifest by a more particular notice of some of the phenomena to which it gives rise. Thus, for instance, it enables the organic or vegetative life to exert sufficient chemical power to convert inorganic matter into organic compounds for organic purposes. Plants are thus enabled to take up, decompose, recombine, and finally appropriate various simple and compound substances, both inorganic and organic. Light is hence especially useful in causing the plant to decompose carbonic acid, water, and ammonia, and to re-arrange their constituent elements, or combine their components in such manner as to form other and more complex bodies. In this way the plant is enabled to generate organic compounds out of simple or complex substances, and thus to prepare and supply the necessary pabulum for the more immediate, as well as ultimate purposes of life.

This chemical influence of light appears to be more energetically exerted on plants than on animals, because, in the first place, they are the more immediate agents for the preparation of organic matter out of the crude elements; and, in the second place, the material employed for alimentary purposes by the latter, is usually in a state more nearly approximate to that of their own structure. Though correct in the main, this is not, however, absolutely the case in all instances, as much matter, both simple and compound, inorganic and of a low grade of organization, is introduced, combined, and transformed within the animal economy, prior to its more specific and ultimate metamorphosis and final assimilation. But besides these preliminary changes incidental to the construction of the organic pabulum, for nutritive purposes, active chemical metamorphosis takes place in the retrogressive processes, for the perfection of which it is more than probable that light is highly essential.

The influence of light is, however, not only operative in thus modifying matter, but it is also active in promoting the development of living forms, both vegetable and animal. This is apparent to common observation, though it has also been demonstrated experimentally. Thus, for instance, it is strikingly exhibited in the rapid growth and extreme development of the flora and fauna of the tropics, (where light is most intense and abundant,) and the relative difference between them and those of the arctic regions, though of course this effect is due, in some measure, to the conjoint influence of

heat. It is also exhibited in the relative influence of day and night, light and darkness, upon the growth and development of both plants and animals. Moreover, it is still further shown in the partial or complete suspension of organic metamorphosis and development by the more permanent privation of light, a striking illustration of the truth of which is presented in the experiments of Dr. Edwards, in which tadpoles were prevented from undergoing their usual development into frogs by being secluded from the light. Experiment, then, as well as observation teaches that light is essential to the normal development of both vegetables and animals, and this is as true of the human body as of any other living organism.

The influence of the light in thus promoting chemical metamorphosis and organic development, is hence very extensive and potential. But, as before intimated, this photogenic influence is not exclusively limited to the organic or vegetative life, as it is also more or less active in promoting the functions of the dynamic apparatus, or those of the animal and psychical life; in proof of which it is only necessary to point to the greater restlessness and activity of the body and mind during those periods of time in which the diurnal as well as the annual increase of light takes place in the same spot, as well as in different parts of the earth; and conversely, to the inactivity, inertia, and even stupor of the diurnal and annual diminution of light, during the night and those long seasons of darkness in the polar regions. Also, to the marked contrast appreciated by all, between the mental exhileration and cheerfulness induced by clear, bright weather, and the dullness, gloom and even despondency, produced by dark and cloudy weather.

Light is, therefore, mainly instrumental in causing chemical combination and decomposition, in generating organic compounds, in promoting nutrition, disintegration and depuration, and in stimulating the dynamic functions of the brain and nervous system. It is thus seen that the influence of light upon the different parts and processes of the human economy, the organic, animal and psychical life inclusive, is very powerful, and indeed of so much importance as to constitute an essential prerequisite for its normal development and healthy status.

The sources of light, or rather the more immediate agents for its development, are somewhat numerous, though the principal and most important is planetary influence, and the planet thus most active is, beyond all question, the sun. Besides this, there are others connected with both the inorganic and organic world. Thus, for instance, mechanical, chemical, organic and dynamical action gives rise to the phenomena of light, with different degrees of intensity and quantity proportionate to the activity of the developing cause. Some of these are more or less under artificial control, and the influence of this artificial light is, in some respects, similar to that of the sun. The intensity and quantity of solar light varies according to the period of the day and season of the year in different parts of the earth, and in the same place at different periods of time, though doubtless the general average is always more or less uniform. The

extremes are well marked between the day and night, summer and winter, dry and wet seasons, and between the tropical and arctic regions. The relative effects of these different degrees of light upon the animal economy are usually more or less apparent. Thus in general, as before intimated, the difference and connection between the brightness and activity of the day, and the darkness and inertia of the night, are very striking. Moreover, the difference in the relative activity, vigor and development of life between the summer and winter, and the tropics and polar regions, are also well marked. Within itself, therefore, light is a stimulant, while its absence or darkness exerts a sedative influence. All other things being equal, then, these effects are in relative proportion to the degree of intensity and the quantity of light. The relative influence of these respective conditions of light and darkness are exhibited in both health and disease, and it is with a view to their better appreciation in these relations, in order to thus exhibit more positively their special connection with that particular morbid state known as tuberculosis, that we have offered these preliminary remarks.

The vital organism not only appropriates, but also develops light as well as heat. This is apparent in the absorption of light, as well as by its positive development in both plants and animals, man inclusive. This manifestation of light may occur in both health and disease, life and death. The evolution of light in man is however, somewhat rare, and is considered to be almost if not quite always connected with a state of disease, though it would seem that it may also be developed almost at pleasure in a condition of health. Thus it is stated that a stream of light flowing from the body, may be made visible in the dark, by holding the hand near a broad leather belt moving rapidly. It is also asserted that it may be developed by other means. The forms of disease in man in which light becomes manifest are somewhat different, though they are in the main, of an adynamic type. Thus it has been observed in cancer and phithisis and some other morbid conditions. It has also been seen in connection with the breath, sweat and urine.

The relation of light to life in general, and to the animal organism in particular is thus seen to be most intimate and important. This relation is however, more complex than the preceding considerations would lead us to infer, as we have hitherto treated of it as an unit, while in reality it is a compound of different influences. Thus analysis has shown that it is composed of photogenic, calorific, actinic and colorific rays. The influence of light is therefore, multiple instead of simple, although all of these respective and peculiar constituents doubtless act both conjointly and separately. Notwithstanding however, the apparently compound character of light, it is probable that its constituents are but mere modifications of one and the same principle, arising either *ab origo*, or out of its relations with material substances. It is thus seen that light exerts at least a fourfold influence, and it is therefore probable that this influence varies at different periods according to the relative intensity and

proportion of its constituents. The respective influence of these several elements of light, is more or less evident, but as we have already partially noticed some of the most active, we shall not again particularly dwell upon them; nor can we go into a minute detail of the others, and hence shall only allude in a very general way to some of their separate and combined effects with a view to their more direct bearing upon the special subject of attention. The powerful influence of the colorific ray in causing the development of color in both plants and animals is well known, and is in fact so familiar that many persons and females especially, regard light with so much dread that they avoid it so carefully as to often suffer greatly in general health from its privation. It is especially useful in giving color to the blood and other parts of the animal organism.

The influence of the actinic ray is also very powerful in causing chemical changes both in the inorganic and organic world. It is especially active in promoting the chemical modifications and organic metamorphoses so essential to life action, and hence it is a potential agent in the production of the organic compounds for the development of both plants and animals, as well as active in promoting those changes essential to disintegration and depuration..

It is thus shown that light is a very potential agent in promoting the various processes of vegetable and animal life, and that it exercises a powerful influence over the functions of the human economy, either organic, chemical, mechanical or dynamical, and hence necessarily over the vegetative, animal and psychical life inclusive. This is seen in the potent influence which it exerts in causing the chemical changes essential to the production of the organic compounds for nutritive purposes; in the promotion of the formative and retrogressive metamorphoses; in giving color to the various organic liquids and solids; in aiding depuration; in exciting the senses, and general nervous and muscular system; in stimulating the brain; and, in promoting the healthy development, vigor and activity of the whole organism. While conversely, it is also exhibited in the fact that its absence or darkness, retards or entirely suspends development and the various processes of life, and thus diminishes or checks the activity of the organic, chemical, mechanical and dynamical functions of the animal economy. Proof of this is afforded in imperfect or non-development of plants and animals, and of man especially; in the impairment of general nutrition, disintegration and depuration; in the torpidity of the brain and nervous system; and, in the consequent inactivity of the body, dulness of the senses, inertia and even gloominess of the mind, with more or less stupidity and disposition to sleep. The stimulant influence of light, and the sedative influence of darkness is in fact so well known that it has given rise to the common practice of excluding the light in the treatment of the various forms of disease, those of the brain and nervous system especially, to thus diminish excitement, allay irritation, induce composure and quietude, and promote sleep.*

*This knowledge affords a hint which might prove of much practical advantage in the treatment of many diseases, both general and local, in which a stimu-

Sufficient evidence has thus been presented to prove that light exerts a powerful influence over the vital economy, and that its presence is essential to its perfect development and healthy condition; and moreover, that this is as true of the human as any other organism. While on the other hand, it has also been shown that its absence is a frequent and potential cause of imperfect or mal-development, inertia, and derangement. These derangements are of divers kinds both physical and psychical, and are frequently exhibited in the form of the various cachexias and their concomitants. An insufficiency of light is therefore, an active cause of disease, and more especially of those forms of atrophy and adynamia, connected with anæmia, rickets, scrofulosis, tuberculosis, and similar affections. Its ætiological relation with tuberculosis is well known, though too often overlooked or totally disregarded Darkness or the privation of light is indeed a potential cause of this disease in both man and the lower animals, and it is necessarily very active in increasing its intensity when it already exists. Hence, all other things being equal, those who are deprived of the vitalizing and beneficient influence of solar light are most frequently and severely affected with phthisis. This is not only true of man, but also of other members of the animal kingdom, hence the prevalence and activity of this disease in rabbits, cats, parrots, pigeons, monkeys, and other animals when obliged to live an artificial life which excludes them from the light. This is exemplified by the frequency and fatality of this affection in convents, prisons, factories, barracks, cellars, menageries, and other dark and often damp places. This vicious system of seclusion from light is however, not only thus often coercive, and involuntary, but also very frequently resorted to from choice in consequence of erroneous views concerning its influence, or false notions respecting beauty of complexion and delicacy of organization. The voluntary seclusion from light is very general, as is evident from the extreme care taken to exclude it from dwellings, offices and other places of business, as well as to avoid it in the ordinary pursuits of life; and, this too is so called civilized society notwithstanding its boasted intelligence and wisdom This evil, with many others just as absurd and injurious, prevail very extensively, in cities especially, and hence the greater prevalence of the tuberculosis forms of disease and the increased destruction of life in such places. In this connection compare for instance, the fresh and ruddy hue, florid complexion, or swarthy appearance and vigorous condition of those who like farmers, sailors and the various races of men, are freely exposed to the sunshine, with the pale and etiolated aspect, anæmic condition, and adynamic state of those who are more

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lant influence is required. Thus persons with purely adynamic states of the eye, brain nervous, muscular and general system, as amaurosis, idiocy, dementia, paralysis, anæmia, inanition, and other atonic conditions, might probably be much benefitted or even restored to health by a free and prolonged exposure to light. Indeed the practical value of such a course has already been demonstrated to a certain extent. This measure alone or in conjunction with other rational treatment is therefore, worthy of a more extended, careful and systematic trial.

or less habitually deprived of the light. To obviate and correct as far as possible therefore, those evils resulting from a deficiency of light, it will be necessary to abandon the senseless and pernicious custom of excluding it from houses by means of shutters, blinds, curtains and other appliances, or of otherwise avoiding it, and to adopt instead the more rational and salutary plan of free exposure to it, to thus secure the due proportion and beneficial influence of this bountiful source of life. A due exposure to light is especially important to children, to thus insure healthy growth and development, and prevent as far as possible the inception as well as aid in the resolution of the various adynamic and atrophic affections so peculiar and destructive to the young. And besides these to thus break up in their incipiency those morbid tendencies, which if allowed to develop, so often become active and destroy life at a later period of time.

It is thus seen on the one hand, that general and local atrophy and adynamia, with anæmia, scrofulosis, tuberculosis, and many other pathological states, are frequent results of an insufficiency of light; and, on the other that its presence and influence is very powerful in preventing and removing such morbid conditions. Light therefore, exercises a very beneficial and potential influence, both hygienic and thereapeutic, in averting and resolving tuberculosis as well as many other abnormal conditions; and hence those thus threatened or afflicted should be freely exposed to its salutary power. If then this plan of free exposure to solar light was more general much less disease of all kinds, and particularly of that form known as tuberculosis would prevail, and more recoveries would take place of those thus afflicted. It would moreover, not only thus prevent and remove much physical, but also much psychical disorder, as the deficiency or entire absence of light causes in addition to derangement of the organic life, irregular or defective innervation and cerebration, promotes sadness and misanthropy, encourages anxiety and fear, diminishes moral and intellectual vigor, and thereby increases the tendency to physical and moral degradation. While on the other hand, the presence of light causes physical invigoration and mental activity, and promotes cheerfulness, vivacity and morality. It then becomes an important duty as it is a necessity of existence, for every human being to secure its due quantum of light, so as to thus not only preserve, but restore when lost, its healthy physical and mental status. In its various physical and psychial relations light is therefore especially necessary to those predisposed to or afflicted with phthisis to thus prevent or resolve this abnormal condition. Its necessity to such is in fact so obvious that it is scarcely necessary to further urge its importance. Suffice it to say then, that the proper exposure to light of tuberculous persons cannot be too strongly enforced, as it is not only an important hygenic measure, but also a powerful therapeutic agent, and an essential prerequisite to the successful treatment of phthisis.

On Diseases Simulating Laryngitis. By HENRY MADGE, M.D.

According to the best authorities, several conditions are capable of producing symptoms simulating laryngitis. Amongst others that are mentioned are affections of the brain, angina pectoris, certain forms of heart and lung disease, hysteria, aneurisms, tumors and operations, in which the pneumogastric nerve and its recurrent laryngeal branch are interfered with. These, for the most part, simulate the subacute form of the disease. So far as I have been able to gather from various sources of information, the conditions which called forth symptoms simulating laryngitis in the following cases do not seem to have been recognized or even suspected. In considering the subject, it is necessary to keep in view the most prominent features of an attack of acute laryngitis. These are stated to be, violent dyspnœa, profuse perspiration, loss of voice, difficult deglutition, gasping respiration, with occasional severe paroxysms of pain about the neck and chest, and a feeling of constriction and tenderness along the course of the larynx and trachea: all this is accompanied by a most distressing degree of restlessness and anxiety; apprehension and horror are depicted on the countenance; sometimes the inflammatory fever runs high, but if the symptoms continue unabated, prostration comes on, and the patient soon sinks. This is a pretty faithful picture of the disease as seen by myself on several occasions. We are recommended to leech and blister; to administer mercury, opium, and tartar emetic; to bleed freely and promptly; and, if all are unavailing, to perform tracheotomy. As these are formidable measures, it is most important that they should never be employed in merely an imitation of the disease.

Several cases are related in which tracheotomy was performed for symptoms of laryngitis arising from aneurism of the aorta. The following was also a case of mistaken diagnosis:

Having the temporary charge of a practice in the country, I was called one night to a gentleman who had all the foregoing symptoms of acute laryngitis. He was sitting up in bed, gasping and panting in a most distressing manner. On applying the stethoscope to the chest, the breathing was noisy and hissing, the sounds of the heart tumultuous and irregular, and rendered more indistinct from the constant noise caused by the rushing of air through the trachea. The noise was sometimes so loud as to drown all the minor sounds. The head was hot and flushed, pulse quick, jerking and irregular, and the arms wildly tossed about, as if to waft air into the lungs. The patient's frequent entreaties for more breath seemed to be the forerunner of still more painful paroxysms of difficult breathing. He had been in bed about half an hour, when the symptoms began to show themselves. From the very serious appearance of the case, the friends wished me to have the aid of other medical men of the neighborhood. Two of them speedily arrived, and, on seeing the patient, they at once pronounced it a case of acute laryngitis. Leeches were applied to the throat, calomel and small doses of tartrate of antimony given every half hour, with the prolonged use of

a warm bath. Small doses of the ethereal tincture of lobelia were also given which seemed to lull the symptoms for a short time, but always to return with increased severity. A bandage was three times applied to the arm; but, from some misgivings I had about the case, bleeding was postponed. For nearly five hours we had the humiliation of standing by, watching our patient's sufferings, without having done much to afford relief. I then suggested the use of an emetic, which being agreed to, a draught, containing half a drachm of ipecacuanha powder, and one grain of the tartrate of antimony, was at once administered. As this took no effect, after waiting a reasonable time, a second and a third were given. The stomach then emptied itself of a very large quantity of half-digested food. Immediately on this happening, all the symptoms of laryngitis disappeared as if by a charm, the breathing became calm, an anodyne was given, and the patient was soon in a sound sleep. On the following day there was a little feverish excitement, with slight yellowness of the skin, which in a day or two, became decided jaundice. The heart's action was feeble, irregular, and intermittent. Posteriorly could be distinctly heard a whistling sound, so situated as to be indicative of what is called the button-hole contraction of the mitral orifice. The patient, who was about fifty years of age, had generally enjoyed apparent good health, so that this mitral disease had never before been suspected. For a few days he seemed to rally, and great hopes were entertained of a speedy recovery. Subsequently, however, his strength completely gave way, the jaundice continued, the heart disease appeared to gain ground, producing sounds of a very confused character, whilst the pulse gradually became more feeble and irregular.

A physician from one of the London hospitals saw the patient several times. He regarded the jaundice as the leading feature of the case, and considered that nearly all the patient had gone through might be attributed to disease of the liver. Mercury was employed for several weeks; also taraxacum and nitro-muriatic acid internally and in the form of baths. The jaundice gradually disappeared, but now there was great prostration, complete loss of appetite, extreme nervous irritability, and sometimes delirium; sleep much disturbed, and at length constant restlessness. Occasionally the patient was subject to transient paroxysms of dyspnœ; and, getting lower and lower, he died about two months from the first attack.

I assisted at the post-mortem examination, the following account of which is abridged from my notes taken at the time:

Examination forty-eight hours after death.—The body presented an appearance of general emaciation. There was no yellowness of the skin; the brown discoloration which succeeded the jaundice had become mottled from desquamation of cuticle, and large white patches appeared about the forehead and upper extremities. On opening the chest, the lungs seemed to occupy the whole cavity; the whole of the two pleuræ, on both sides were so completely bound together by old adhesions, as to require the use of the knife

to separate them ; the apex of the left lung appeared puckered and indurated, and on cutting into it a considerable mass of tuburcular matter was found in its centre. With the exception of a little congestion around this part, and rather more than the usual *post-mortem* congestion, the lungs were soft and healthy ; near their roots was an unusually large number of enlarged, black bronchial glands. The pericardium seemed more than naturally inclined to the right side, and at its lower extremity could be felt a hard substance about the size of a walnut ; this was found to be a fibrous growth springing from the apex of the left ventricle, and connecting it to the corresponding part of the pericardial sac. With this exception, the pericardium was smooth and healthy, and contained about half an ounce of fluid. The heart was large, flabby, and nearly full of blood ; on the left side the walls of the ventricle were remarkably thin, and at the apex was an ossific deposit in a cup-like form, and large enough to receive the top of the middle finger ; this was found to correspond in situation with the external growth, and appeared to form its base. The two larger columnæ carneæ which give attachment to the chordæ tendinæ were both diseased ; that nearest the aortic opening was quite white and cartilaginous—the other completely ossified, and fixed in its position. The chordæ tendinæ were somewhat thickened and rigid ; the curtains of the valve thickened, and studded with ossific deposits. There was also, as was anticipated, contraction of the auriculo-ventricular opening. Altogether, the imperfect state of the valve would easily admit of regurgitation into the auricle, and the marks of disease generally were quite sufficient to account for the whistling sounds heard during life. The aortic valves were soft and healthy, but the commencement of the aorta itself was dilated and covered with deposits. The right side of the heart was immensely dilated ; the ventricle was full of coagula, some of them old, changed in appearance, and partially adherent to the walls of the cavity ; the walls extremely thin and weak ; no ossific deposits ; the tricuspid and semilunar valves healthy. *Abdomen.*—Viscera in normal position ; intestines free, smooth, and apparently healthy ; convex surface of liver fixed by old adhesions to the under surface of diaphragm. This, as well as the old pleuritic mischief, was referred to a severe illness several years before death. The *liver itself was perfectly healthy in size and appearance ;* gall-bladder distended and of a whitish color, and on opening it, about three ounces of colorless transparent mucus escaped. This secretion from the mucous coat was quite free from bile, and resembled white of egg. A gall-stone, about the size of a nutmeg, occupied the neck of the gall-bladder ; its surface was rough and embedded in the mucous coat. This appeared to have effectually prevented the passage of the bile from the cystic duct to the bladder for a very considerable time. Stomach large, but free from disease. Left kidney enlarged and congested ; at its upper part, near the surface, was a small cavity with thickened walls, probably the remains of an abscess of uncertain date. Right kidney smaller, and of healthy appearance.

I have thought it worth while to give the foregoing details, as they may assist in forming an opinion as to what were the circumstances of the case, which combined at the onset to give it the appearance of laryngitis. It might be said in some respects to have resembled a case of laryngismus stridulus occurring in an adult from one of the same causes as in infancy—viz., irritation of the stomach, and the effect of the emetics showed that to be the real exciting cause; but if mere irritation and distention of the stomach from improper or over-feeding were capable in the adult of producing such symptoms, instead of being extremely rare, how frequently we should meet with them! The disease of the heart, with the little tumor at its apex hampering its action, the gall-stone trying to force its way into the cystic duct, and the immovable condition of the lungs, might all have contributed toward the original aspect of the case.*

I must refrain from occupying valuable space by making critical observations on the diagnosis and treatment adopted, or attempting to give a minute analysis of the symptoms as compared with those of real laryngitis; but this may be said, that nothing short of a post-mortem examination could have revealed the true state of the case. The account of it will not only be interesting in a physiological and pathological point of view, but will probably be of practical benefit by placing many on their guard when called upon to treat similar cases. I have already profited by my experience.

About six months ago, I was called late at night to an elderly lady, who had the same symptoms as those detailed in the previous case, but in a milder form. On being told she had taken a hearty supper, I at once gave an emetic, and she got well immediately. This patient has since suffered in the same way on two occasions, and now is always provided with an emetic, to be used, if necessary, when she chooses to abandon herself to the enjoyment of a good supper. She is the subject of heart disease and chronic bronchitis; but on the occasions referred to, being promptly relieved, there was fortunately not a sufficient amount of organic disease to prevent recovery from the effects of the attack.

The chief practical lesson to be derived from a study of the two cases, is simple enough, and its importance is sufficiently apparent. In all sudden cases of violent dyspnœa, it appears highly necessary to find out how far the state of the stomach may be the cause, and, in real laryngitis, to what extent it may modify or aggravate the symptoms presented to our notice.

Even in pure laryngitis—except in peculiar cases—there appears to be no good reason why emetics should not be as beneficial to adults as to children.—*London Lancet.*

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* The necessity for giving three emetics was probably owing to the large quantity of food they came in contact with, which prevented their reaching easily the coats of the stomach. The violent efforts at vomiting may have had something to do with the jaundice, by throwing, as it sometimes does, a little bile into the blood; the same efforts may have thrown the gall-stone into the neck of the bladder, and thus made somewhat protracted what would otherwise have been merely a passing jaundice.

PUNCH ON HOMŒOPATHY.—Mr. Punch is accustomed to receive letters and treaties, imploring him not to call homœopathy fudge, and some of them attempting to assign reasons why he should not. In all these communications, the medical opponents of homœopathy are called "allopathists." "Allopathist," as contradistinguished from "homœopathist," of course means a person who treats diseases with other medicines than those which produce similar diseases, that is, who endeavors to cure unlike with unlike, instead of endeavoring to cure like with like. Who are the allopathists? Mr. Punch has an extensive medical acquaintance, but he does not know any. No intelligent medical practitioner attempts to cure diseases in general with specific medicines of any kind. There are very few such medicines known to the medical profession. The principle on which diseases, for the most part, are treated by rational and scientific physicians and surgeons is that of removing impediments to the natural process of recovery, or that of assisting the curative efforts of nature, not necessarily, and not always, by causing people to swallow drugs. When drugs are given by such practitioners, they are generally given with a view to their indirect influence on disorders. For instance, the combination popularly known as the "black and blue reviver," which directly affects internal parts of the trunk, may be "exhibited" for the relief of a headache, or the removal of an inflammation of the great toe.

Professor Holloway is perhaps an allopathist; however, he does not tell us on what principle his pills and ointment cure all diseases. The various doctors who advertise their patent medicines in the quacks' corners of newspapers of the baser sort, may be allopathists also; and likewise the medical profession possibly contains a few fools or imposters who are so describable. But the few specifics used in the ordinary practice of physic may absolutely even act on the homœopathic principle, that "like cures like;" thus differing from homœopathic doses only in not being infinitesimal, and, Mr. Punch supposes, in being efficacious.

In none of the communications about homœopathy received by Mr. Punch is there anything like scientific proof that infinitesimal globules produce any other than infinitesimal effects. Cases of alleged cures, subsequent to the swallowing of these globules, prove nothing, until they amount to enormous numbers. Professor Holloway, and Messrs. Du Barry & Co., adduce plenty of such proofs; perhaps not fictitious. Mere swallowing and cure can be connected as cause and effect only by immense clouds of cases in which the cure is almost the invariable sequence of the swallowing. It does not signify whether the thing swallowed is a great bolus or a pill of the size of a pin's head, containing an invisible dose.

Quinine is acknowledged, on the strength of a vast accumulation of evidence, as a remedy for ague. It cures ague in one grain, two grain, three grain doses. Will quinine, or anything else, in infinitesimal doses, cure ague as obviously in an equal number out of a vast multitude of cases? Will an infinitesimal quantity of sulphur exert any curative influence on that cutaneous affection which delicacy expresses by the euphuism of the Caledonian violin?

Mr. Punch's homœopathic friends seem to forget that statements of facts which are contradictory to common sense and received science, require rigid proof. None of them propose any method by which the active properties of an infinitesimal globule can be demonstrated. Neither homœpathists, nor mesmerists, nor spiritualists, either offer or accept the test of any *experimentum crusis;* and when Mr. Punch asks for it, they answer by abuse, and the comparison of themselves to Galileo, and those who laugh at them to the inquisition.

Quackery in Paris—The Black Doctor.—The Paris correspondent of the *Medical Times and Gazette*, under date of March 7, writes:—

"In medical circles, and indeed among all classes of the French metropolis, Dr. Vriès, better known under the name of the 'Docteur Noir,' forms the almost universal topic of the day. Is this Dr. Vriès a charlatan, and his system consequently an immense hoax; or is he really a scientific man, and the discoverer of a remedy for a disease, which up to the present time has continued an opprobrium to the healing art? are questions which in a few short months will be finally and decisively answered. The opportunities which have been publicly accorded to him of establishing his claim to be considered perhaps one of the greatest benefactors of the human race, are, through the instrumentality of M. Velpeau, such as no charlatan (if such indeed he be) ever before enjoyed; and should the experiments he is at present engaged in prove successful, M. Velpeau will be equally entitled to the gratitude of the world, for having laid aside for a time his preconceived notions, in order that a great and important fact might have an opportunity of being publicly proclaimed. Nor will the utter failure of M. Vriès diminish our sense of gratitue to M. Velpeau; because by the frankness and generosity of the latter a notorious system of imposture and humbug will be most effectually demolished, and its author will consequently be condemned for the future to speculate only on the credulity of the ignorant. I have all along believed that M. Velpeau was actuated by no other motive than the love of truth, when he invited the 'black Doctor' to a clinical competition in the treatment of cancer; and if I am correct, he is entitled to the utmost praise. But not a few of his professional brethren, without calling in question his motives, consider that his conduct has, to say the least of it, been rash and inconsiderate; and that his acknowledgment of Vriès, by inviting him to his wards, was an honor to which the position and precedents of the latter did not entitle him; and further, that it was giving him a footing in the estimation of the world, which he might turn to his own advantage, to the detriment of the honest practitioner, and, what is worse, to the mortal disappointment of many an unfortunate sufferer.

"These very evils, which certainly M. Velpeau did not foresee, are now beginning to develop themselves. Scarcely had the noise

of the *pretended* cure of M. Sax (for cure M. Velpeau does not yet consider it) ceased to ring in the ears, when forth comes another statement (by whom made or in what quarter it originated it is not difficult to divine) to the effect that the 'Administration des Hôpitaux, (*and not M. Velpeau on his individual responsibility*) had actually invited M. Vriès to undertake, in the wards of 'La Charité,' the treatment of certain diseases deemed incurable by the ordinary surgeons of that institution. Not content with this glaring perversion of the truth, M. Vriès, or some one interested in him, has caused to be inserted in some of the public journals certain paragraphs, wherein we are informed that his success in the hospital is beyond a doubt, sundry of the cases under his care showing not only marked symptoms of amendment, but inspiring the most sanguine hopes of complete recovery. M. Velpeau, who has all along been carefully watching the progress of these cases, and who has not been able up to the present moment to discover the slightest improvement in any one of them, was naturally much irritated by these falsehoods, and on last Thursday morning he attacked M. Vriès in no measured terms, while the latter was engaged at the bedside of one of his patients, and a scene ensued such as I never before witnessed in the wards of a hospital. Really it was painful and undignified, and yet, at times, it bordered on the ridiculous. Velpeau accused Vriès of wilfully perverting the truth, both in verbal declarations, and in newspaper paragraphs; of bribing the patients to conceal their real feelings in replying to the questions of medical men who visited them, and of having recourse to many other base subterfuges, with a view to the concealment of the truth, and the establishment of his own popularity. 'You were invited here, sir,' said M. Velpeau, 'in order that your system might be fairly tested; and on your accepting the invitation it was expected that you would act with a certain amount of honesty and good faith. This you have not done, and it remains for me now to assure you that I will not be your dupe. You, with great assurance, told me that you would cure all the cases which were then put under your care; but you have not succeeded in producing the slightest amelioration, in any one of them; and what is more, I feel justified, from what I have observed in adding that you will not cure one of them.' Mr. Vriès retorted by denying the charges made by M. Velpeau, and declared that the latter, through his 'internes' and nurses, had thrown every possible obstacle in his way; and that, should the same unjust treatment be persevered in, he would leave the hospital, and transfer all the concer patients to a 'Maison de Santé,' where he would maintain, treat, and cure them entirely at his own expense. We should be sorry indeed were M. Vriés to carry his threat into execution, as, by his so doing, the very end M. Velpeau has in view would be most certainly defeated. In a large public institution like the Hôpital 'La Charité,' with the eyes of scientific men constantly on him, M. Vriès must, and assuredly will, soon be judged according to his merits or demerits—there, certainly, the truth will be made manifest. But if M. Vriès has recently had his troubles in 'La Charité,' he

has not been altogether free from annoyance at his own home. Denounced by some *kind friend*, his domicile was rudely invaded the other day by a Commissaire de Police and his satellites, who *'de par la loi sans cèrèmonie,'* laid an embargo on his goods and chattels, his nostrums and his stuffs, accusing him at the same time of an illicit exercise of a sacred profession over which the State had thrown its mantle of protection against charlatans, imposters, and, indeed, all men not duly authorized by the licensing powers of France. The poor doctor, whose assurance and self-importance are quite in keeping with the mission which he believes he was sent into the world to fulfil, waxed exceeding wrath, and, bounding like an angry tiger from one end of the room to the other, threatened to annihilate the presumptuous official and his gang He declared that he was no charlatan; and throwing open the folding doors which communicated with the antechamber where his patients happened to be assembled, he exclaimed: 'There, gentlemen, are the living monuments of my science, and there the evidence of the healing virtue of my medicine.'

"In this motley crowd of patients, comprising individuals of all classes of society, and representing almost every variety of incurable disease, there chanced to be one whose good fortune it was to enjoy imperial favor, and whose face was not unknown to the police agent charged with the razzia. This party, overflowing with gratitude for the relief, real or imaginary, which he had experienced at the hand of Dr. Vriés, generously took upon himself the office of mediator, and finally succeeded in obtaining from the Chief of the State permission for him to continue the practice of his art for twelve months, together with a promise of a continuance of the privilege in the event of the experiments he is at present engaged in having a successful issue. * * * * *

"His house is crowded with patients from morning to night, and his receipts are said to be enormous. Whether from a conviction that the gratitude of a patient is greater under a promise of certain cure than after the cure has been effected, we do not pretend to say; but acting, we presume, in the belief of the former, he insists on being paid before commencing the treatment."—*Med. Times and Gaz.*, March 12, 1859.

From a later journal we learn M. Velpeau has made the *amende* for the false step he took in admitting into his wards a negro adventurer. In giving to the French Academy of Medicine an account of the failures of this charlatan, M. Velpeau said—

"If I had known that trials such as these of mine had been made with a negative result, by the same individual, at the Cancer Hospital in London; that he had done the same in the practice of M. Bazin at the Hospital St. Louis; if I had known of the mystic lucubrations of M. Vriès in the famous temple of the Champs Elyseês—I certainly should not have taken the trouble to examine pretensions of such a stamp; but, ignorant of these details, and partly trusting to the good faith of these persons, I had the weakness to listen to them, and to open to them the doors of an honorable institution."

Sixteen patients were placed under the care of this empiric. One died at the end of ten days; in all the others the cancerous tumors have continued to increase in size and to multiply in number; and at the end of two months the patients are in as sad a state as though no treatment whatever had been adopted.

Clinical Lecture on Tetanus, Delivered at University College Hospital. By JOHN ERICHSEN, Esq., Surgeon to the Hospital.

GENTLEMEN: The case to which I wish to direct your attention to-day, and to which I purpose to append some remarks, on the subject of Tetanus, is that of a boy named B——, aged thirteen, who was admitted into this hospital on the 12th of December last, on account of sacro-iliac disease. I shall defer any observations which I may have to make on the affection for which he came to us until a future day, when this case will be taken in conjunction with other cases of sacro-iliac disease. But this case is of more special interest, inasmuch as, while here, the boy was seized with symptoms of tetanus, and eventually died of that affection.

The following are some of the leading facts of the case: The boy who appeared healthy and well nourished, and did not seem to labor under any congenital or constitutional predisposition to disease, became affected, six weeks before admission, with symptoms of sacro-iliac disease. On admission, nothing unusual presented itself in the symptoms, and our diagnosis was made at once. In the ordinary course of treatment, an issue was made, by means of potassa fusa, over the back of the articulation, in the usual way. After the separation of the slough, (about the fifth or sixth day,) a couple of issue-beads were applied to the ulcerated surface, in order to keep it open and cause a discharge, So far, there was nothing to lead us to suspect the coming evil. On December 24th, the report states that the patient had some stiffness about the jaws, and inability to separate them; there was also some commencing tension about the sterno-mastoid, and some spasmodic action of the muscles of the neck; in fact, on the 24th he was seized with symptoms of the invasion of tetanus. These symptoms increased, the muscles of the trunk and extremities became convulsed, symptoms of suffocation appeared, and he died on the morning of the 28th, in a fit of tetanic spasm, notwithstanding the treatment adopted.

Now, such an occurence as this is, I need scarcely say, most appalling. A patient suffering merely from a local affection, with constitution unaffected, has an issue inserted in the ordinary course of treatment, and in a few days gets, as the result of that issue, (and, unquestionably, it is the result of the issue,) a disease of which he speedily dies. Such an occurrence would, indeed, be as remarkable

as it really is mysterious, were it not that similar ones are by no means infrequent. In fact, surgeons have learned to look upon tetanus as one of those affections which necessarily give rise to an appreciable percentage of deaths in patients suffering from injuries or operations.

With regard to the disease which destroyed the life of this patient, viz: tetanus, I shall say nothing concerning the symptoms, because they exhibited nothing peculiar; but I intend to pass in review a few points connected with its cause, its nature and its treatment.

1. *Cause*.—Individuals may, doubtless, be seized with tetanus, although not having any breach of surface; but, in the vast majority of cases, the affection comes on as the result of wounds of some description, and these, very generally, wounds of a trival character. Thus, it does not so commonly follow compound fractures of the thigh or leg, as it does minor injuries of the extremities; nor is it so frequent after amputations, re-section of joints, or the removal of large tumors, as it is after minor operations; so that it may be looked upon as most commonly resulting from minor surgical injuries and operations. On looking over a list of the cases which have been under my care in this hospital, I find that, in not one has tetanus come on as the result of the major operations, or more severe accidents, but such injuries as punctures, and compound fracture of the fingers or foot, lacerated wound over the wrist, or a burn on the trunk, are amongst the injuries giving rise to it. So far as operations are concerned, although it may certainly occur after the major operations, it has generally followed such operations as those for varicocele, fistula in ano, ligature of piles, &c., all of which are quite as liable, if not more so, to be followed by tetanus, as the severest operations in surgery.

With regard to the general causes of tetanus, it is, no doubt, predisposed to greatly by the season of the year, and by epidemic constitution. At those periods and seasons when there are great alterations of temperature—when hot days are succeeded by cold nights—tetanus becomes frequent. In hospital practice, there may be no case for months; then several may occur in rapid succession. The week before this boy died, I saw, not a quarter of a mile from this hospital, another case which also ended fatally. The circumstances in which the patient is placed, exercise great influence; it may occur in the old as in the young—in the weakly as well as in the robust. So far as my experience goes, it is more frequent amongst young adults and elderly people, than at the middle period of life; more frequent amongst the weakly than the robust. Indeed when a person, apparently in robust health, is attacked, it will generally be found that, previously to the supervention of tetanus, he has been subjected to some depressing influence—has been out of health in some way, and has lost tone and vigor.

One of the most important causes of tetanus, especially in military surgery, and, probably, a not unfrequent one in civil practice, is exposure to alterations of temperature and currents of cold air.

Hennen, states that this was the most frequent cause of tetanus amongst the wounded in the Peninsular War. Larrey, observed the same in Napoleon's campaigns. After the battle of Bautzen, a large number of wounded were left upon the field, exposed to the cold night air. Next day, a considerable proportion of those were found to be affected with tetanus. After the battle of Dresden, the same thing was observed; whilst after Moskowa, where the night was warm, although the number of wounded was immense, the proportion of tetanic cases was very small. In our Indian champaign's at Chillianwallah, and at Ferozepore, the wounded after severe exertion under a burning sun, were left exposed during an exceedingly cold night, and according to Dr. McLeod, in a very interesting work called, *Notes of the Surgery of the Crimean War*, which I can strongly recommend for your perusal, the result was a large number of cases of tetanus. M. Baudens, again, the chief surgeon to the French army in Algeria, noticed that out of a small number of wounded placed in a corridor through which played a draught of cold air, a large proportion were seized with tetanus in a single night. All these points to the importance of our not allowing wounded or operated patients to be exposed to draughts of cold air.

The number of cases of tetanus, in proportion to the number of wounded, varies in civil and military practice, and in different climates, &c. Mr. Rutherford Alcock, who accompanied General Evan's expedition into Spain about twenty-five years ago, gives the proportion of tetanus to wounded as 1 to 79. Sir J. M'Grigor, in the Peninsular War, found it to be 1 to 200; and in the Schleswig-Holstein campaign it was, according to Stromeyer, 1 to 350. In the Crimea, so far as we judge by official returns, the proportion of tetanic cases was very small. These discrepancies are, no doubt, due to the different conditions under which the soldiers were placed. Thus, in the Crimea, being engaged principally in seige operations, the wounded were not left exposed during the night, but were removed at once, and put under cover; and in the Schleswig-Holstein War, each army, being close to its base of operations, could take adequate care of its wounded, who, therefore, were not exposed to those conditions which military surgeons recognize as the most potent causes of tetanus.

As I have already stated, the proportionate number of deaths from tetanus varies widely in different climates. At Bombay, according to Mr. Poland, (who, in a very able paper, has exhausted the statistics of tetanus,) it is 2.5 per cent. of all deaths; in London, according to the Registrar-General's returns, .0025 per cent. This preponderance in Bombay is, no doubt, owing to the heat of the climate; but it must be observed that the proportion is not nearly so great among the Europeans there as among the natives.

The situation of wounds: Has this any influence in determining the occurrence of tetanus? It is a prevalent opinion, both among non-professional and professional people, that wounds of the hand, particularly those of the thumb, and, above all, those of the web between the thumb and index finger, are more prone to be followed

by tetanus than wounds elsewhere. Whether this be true or not, admits, I think, of great question. That the hands are much more liable to injury, and are much more frequently wounded, than other parts of the body, is evident, and the absolute number of cases following such injuries, would, therefore, be expected to be greater; but whether the *relative* number is greater is questionable. On looking over my notes of eighteen cases of tetanus, which have come under my observation, and of which I have kept a record, I find that in five of the eighteen the hand was the seat of injury—that is, a little more than one-fourth; but this, I should say, is about the proportion which injuries of the hand, including those of the most trivial character, bear to injuries of all other parts of the body.

2. *Nature.*—The exact nature of tetanus is an unsolved question. Nothing appears more mysterious than an affection such as this, which often seizes an otherwise apparently healthy person suffering from some slight injury, with the more violent convulsive spasms terminating in three or four days, or in even less time than that. We have to inquire into the condition of the nervous system, on which such a disease as this is dependent. On examining the brain and spinal cord, we find nothing special to the affection—no lesion which would enable the most experienced pathologists to say that the person had died of tetanus. It is true, that we often find some congestion, or softening, as in this case, just above the cauda equina, or a large amount of serosity in the ventricles or subarachnoid space, which may be turbid or bloody; but all such appearances are common to other diseases besides tetanus, and none of them will enable us to assert the existence of tetanus during life. Look at the brain and spinal cord before us. They are, to all appearance, perfectly healthy, with the exception of some slight congestion, and a small softened patch in the cord, just above the cauda equina. They present no special appearance, no sign by which the acutest pathologist could, by any examination, anatomical or microscopical, say that they came from a tetanic patient. Finding no structural lesion post-mortem, medical men have been in the habit of calling this, in common with other diseases, of which the exact cause is alike unknown, a "functional disease." But the term "functional disease" is only used as a cloak to ignorance; there is no such thing as a functional disease, and the person who uses the expression merely means that he does not know the organic lesion on which the disorder depends Every function is the result of the action of an organ; every derangement of a function is the result of the derangement of the corresponding organ; and no function can be deranged without previous or co-existing derangement of the organ whose action constitutes the function. As pathology advances, the class of "functional disorders" becomes less and less. We do not now hear of functional disorders of the heart, lungs or joints, because the pathological anatomy of those parts being well understood, it is possible to refer their diseases to the real cause. As the physiology and pathology of the nervous system are not yet well ascertained, notwithstanding the labors of such men as Marshall Hall and

Brown-Sèquard, many affections of that system are at present inexplicable, and "functional" nervous disorders are very common. So surgeons speak of "functional" coma, because the particular cause (compression) of the coma is well known, and easily recognized; but one still hears of "functional" amaurosis, and tetanus is commonly spoken of as a functional disease. Amaurosis, when I was a student, was looked upon almost solely as a "functional" disorder; but the introduction of the opthalmoscope has shown that in most cases where functional disease was formerly said to exist, there is, in reality, some structural change in the nervous apparatus of the eyeball, appreciable by the naked eye. So it will be with other affections, as pathology advances; and disease hitherto vaguely and loosely spoken of as functional, will be found to depend on organic changes, as appreciable by the senses as are the changes in an amaurotic retina and choroid.

Yet, there is in traumatic tetanus, I believe, always a certain condition of the nervous system to be met with, if carefully looked for, namely, an unhealthy state of the nervous branch, or twig, running from the wound. This twig will be found implicated in some way—congested, inflamed, infiltrated: its neurilemma thickened, softened, and discolored, often for a considerable distance from the wound. I have never failed to find this when it has been carefully looked for. In the present instance, a cutaneous branch was found lying bare, and inflamed in the bottom of the issue-wound. In many other cases, I have seen the same. Thus, in the case of a girl who had tetanus, consequent on a small punctured wound on the inner side of the thigh, near the knee, a branch of the internal cutaneous nerve was found in this condition. I have seen injury to the internal plantar nerve, by treading on a rusty nail, followed by tetanus, and the nerve after death found irritated and inflamed. A dorsal cutaneous nerve was implicated in a case of tetanus, following a slight burn on the back and the external cutaneous branches of the musculo spiral were affected as high as the bend of the elbow, in a patient who died from tetanus, following injury to the thumb. A similar condition of these nerves was observed in a man with lacerated wound over the wrist These and other similar cases which have fallen under my observation, clearly demonstrate, that although we may fail in discovering any special lesion in the central nervous system, yet, that in most, and—so far as my experience goes—in all cases in which the examination is carefully conducted, it will be found that a nervous twig, connected with the wound, is irritated and inflamed; and this seems to be the starting-point for this so-called functional disease. An organic lesion, not central, but peripheral, still exists, as essential to the production of the affection.

3. *Treatment.*—With regard to the treatment, I need say very little, and that little is in no way satisfactory. The case we are now considering followed the usual course of such attacks, beginning with the stiffness of the muscles supplied by the portio dura, violent general spasms coming on in the course of twenty-four hours, and death occurring between the fourth and fifth day. More than half the

tained, notwithstanding the labors of such men as Marshall Hall and

cases of tetanus die before or on the fifth day of the spasms. If the patient survive that time, the symptoms tend to become milder, the disease may wear itself out, and recovery follow. I have seen death occur in less than thirty hours, and as late as the twentieth day; so that the fact of the attack being very chronic is no proof of its innocency. Acuteness of attack, however, is a sure sign of great danger. So, also, the sooner the symptoms come on after the infliction of an injury, the greater is the danger, and more speedy the fatal issue.

In considering the treatment of tetanus, we must divide it into that of the acute or active, and of the chronic or sub-acute form. In the treatment of *acute* tetanus, I believe that no remedy known exercises the slightest *curative* influence. To drug a person affected with active acute tetanus, is, in my opinion, utterly useless. I have never seen nor heard of a case cured by the routine treatment, the sooner we abandon which, I think, the better. Calomel and opium, in large doses, the vegetable sedatives, belladona, conium, henbane, opium, or camphor, largely administered, are all unavailing (when the disease is acute) in retarding, mitigating, suspending, or arresting its progress. If we are ever to cure acute tetanus, we must give up this line of treatment, which we have been taught by experience to be useless, and endeavor to discover some new principle to guide us in the management of this affection. Yet acute tetanus may be cured, though not, I believe, by medicine; and much may be done to mitigate suffering. The *first thing to be done is to divide the nerve* leading from the wound, where it can be found and isolated. The wiser plan would be to *divide the trunk of the nerve high up in the limb*, so as to get beyond the sphere of the local irritation, which appears to be the chief organic lesion discoverable in these cases. Patients have been cured by this means. Mr. Murray (the surgeon who tied the abdominal aorta) relates the case of a midshipman, who received a wound in the foot from a rusty nail; tetanus came on; Mr. Murray divided the posterior tibial nerve, and the patient recovered. Such cases give hope of being able to save others, and this operation should therefore be done at once, where practicable. It is not, however, by any means, invariably successful. Last session, I divided, without success, however, the branches of the external cutaneous for tetanus, following a wound of the back of the hand.

In the general management of the patient, we must remember that we have an exhausting disease to deal with; the patient sweats profusely during the intervals of the spasms, and will soon sink if not supported. All external causes of excitement should be removed from about the patient; he should be kept perfectly quiet, his bed surrounded with screens or muslin curtains. In addition to these means, the occasional inhalation of chloroform will alleviate, though it will not cure, acute tetanus.

In *sub-acute* and *chronic* tetanus, the case is different. If the patient survive the fifth day, and the affection assume a chronic or sub-acute character, we may entertain some hope of his recovery. He should be kept quiet—his strength supported. Terebinthinate

occurring between the fourth and fifth day. More than half the

enemata, calomel with opium, belladonna, or conium, are the remedies to be employed. Many patients have got well under, and seemed to be cured by this plan of treatment. Cannabis indica, ether and chloroform have also been recommended, but not alone to be trusted to. At all events, calomel and opium, and if you like, belladonna also, may be given with advantage. You may also feel disposed to try the effect of the sedative alkaloids. I am not aware of any cure having resulted from their use; but atropine, applied liberally, has been beneficial by mitigating the pain which the patient suffers. Such alkaloids, or the corresponding vegetable extracts, may, therefore, be applied with benefit.

To sum up: it appears that the *best prospect* of a cure is to be found in the *division of the nerve* leading from the seat of injury, wherever this is practicable; in the employment of proper hygienic and dietetic means; in the removal of all sources of external excitement and irritation, local and constitutional; and in the administration of moderate doses of calomel and opium, with turpentine enemata. Such measures as these, I say, appear to be more rational, and to hold out a better chance for the patient than the empirical administration of specific sedatives, which experience has repeatedly proved to be unavailing in curing the disease, and often even in mitigating its sufferings.—*London Lancet*, Feb. 26th, 1859.

William and John Hunter.—In an account of William Hunter, in the *Lancet*, occurs the following comparison of these brothers:—"On the continent, we believe the name of William Hunter stands in estimation before that of John. In this country, if a Hunter is named, everybody is meant. Some men here, however, have been bold enough to take the continental view. In the pages of this journal, last year, Dr. Priestly, in his able lectures on the gravid uterus, ventured the idea that on looking into the labors of William Hunter, one is tempted to think that for profundity of observation and true sagacity, he was, in no respect, the inferior.

There must, nevertheless, be a cause for the popularity of John in this country—and a cause there is—but the cause lies not in correct public estimation of the scientific works of the two brothers.

* * * * * But if, by these presents, we can induce our readers to peruse carefully the lives and works of the two Hunters, and to draw their conclusions on the ground of scientific merits alone, the statement underneath will receive, we predict, a universal sanction:

The brothers Hunter were twins in Science, but William was the first-born.

William was not only the *first-born*, but was also possessed of the great advantage of finished scholastic training, before entering upon his professional studies; while John had not acquired even a correct

acquaintance with the common rudiments of the English language, before beginning to lay the anatomical foundation upon which his magnificent and enduring professional reputation was subsequently erected. *He* made "foot-prints on the sands of time." H. L. B.

[*Oglethorpe Med. and Sur. Jour.*

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

On Poisons, in relation to Medical Jurisprudence and Medicine. By ALFRED S. TAYLOR, M. D., F. R. S., Fellow Royal College of Physicians. Hon M. D. University St. Andrews, Member Royal College Surgeons, etc., etc. Second American, from the second revised London edition. Philadelphia: Blanchard & Lee, 1859, pp. 755.

This edition of the work differs materially from the former one. Many chapters have been struck out, and about an equal number introduced, in order to make it conform to the progress of the age, and subserve the purpose of medico-legal inquiries.

The author states that he has not attempted to give a distinct notice of every substance which has been known to have a poisonous or noxious action on the animal body; but has devoted most of the space to the consideration of substances which, from the frequency of their employment for murder and suicide, are of great practical importance.

We are told that no one can draw a definite boundary between a poison and a medicine. The greater number of poisons being useful as medicines when properly employed; and no substance in the catalogue of medicines but what may be converted into an instrument of death, if improperly administered.

The work contains chapters xliii.

The following are the subjects discussed:

"1. Nature of poisons. Their mode of action, Absorption, Influence of habit, Classification, etc.

"2. Evidence of Poisoning in the living body. Diseases resembling Poisoning.

"3. Evidence of Poisoning in the dead body. Evidence from Chemical Analysis. Experiments on animals. Statistics of Poisoning.

"4. Mineral Acids, Oxalic Acids, Alkalies, and Alkaline Salts. Phosphorus.

"5. Arsenic, Murcury, Lead, Copper, Antimony, Zinc, and other Metals; Vegetable and Animal Irritants.

"6. Narcotic or Cerebral Poisons—Opium, Prusic Acid, Alcohol, Chloroform, Camphor, Tobacco, Cocculus Indicus, Darnel, Mushroons, Henbane.

"7. Nux Vomica, Strychnia, Brucia.

"8. Hemlock, Œnanthe, Monkshood, Belladonna, Lobelia, Foxglove, Thorn-apple, Laburnum, Yew.

It is exceedingly difficult to give a definition of a poison. It is commonly regarded as a substance which, administered in small doses, destroys life. This definition is too restricted. There is, as stated by the author, a large class of substances which, although not entirely deleterious in small doses, are so in large ones. "We may admit the general truth of the doctrine, that a poison in a small dose is a medicine, and a medicine in a large dose, is a poison."

It matters not, therefore, whether the dose be large or small, if death is caused by it, the responsibility of the person who criminally administers it is the same. It is just as criminal to administer an over-dose of common salt, or epsom salts, as an over-dose of strychnia.

"In reference to the *medical definition* of a poison, it is necessary to observe that the law does not regard the manner in which the substance administered acts. If it be capable of destroying life, or of injuring the health of an individual, it is of but little consequence so far as the responsibility of the poisoner is concerned, whether its action on the body be of a mechanical or chemical nature.

If the substance criminally administered destroy life, whatever may be its nature, or mode of operation, the accused is tried on a charge of murder or manslaughter, and the duty of a medical witness consists in showing that the substance taken was the cause of death. If, however, death be not the consequence, then the accused is tried under a particular statute, for the attempt to murder by poison.

We have a very valuable chapter on the *Influence of Habit on Poisons*. Nothing is more generally known to physicians than that *habit* diminishes the effects of drugs. That an article taken for a certain length of time loses its power, and requires to be administered in much larger doses. The same influence is manifested in the use of opium, tobacco, alcohol, arsenic, strychnia.

It is hardly probable that we fully appreciate at present the extent of opium-eating in our country, or the influence of the practice upon

the organism. While there is no probability that there is more opium now required in the treatment of disease than formerly, the consumption of the article has increased very much above what can be explained by a mere increase of population. Such is the testimony of druggists. Indeed, it is very certain that the medical use of opium has in our day rather diminished. We think more of the article in certain emergencies than ever, but have limited the range of application. In very many too of the cases which require large doses, it has been superseded by ether and chloroform.

The cases of opium-eating there is reason to believe are more frequently connected in origin with the medical use of the article than has generally been suspected. We have some experience of our own on this point. A patient of ours who had intense pain that had resisted for months all remedies except opium got so in the habit of using the article that he was unwilling to do without it, after the indications for its medical use no longer existed. This is the simple history of a great many of the cases of opium-eating in the land, and hence the care necessary on the part of the physician. We have no room for the very instructive remarks of the author on the influence of habit with respect to other articles noticed.

The question of Habit has been raised occasionally in medical jurisprudence in this shape: Whether, while the more prominent effects of the poison are thereby diminished, the insiduous or latent effects on the constitution are at the same time counteracted. It must be answered that habit cannot counteract altogether the insiduous effects of poisons, and that the practice of taking them is liable to give rise to disease, or impair the constitution. This is not only true of arsenic, strychnia, etc., but also of tobacco and alcohol. How many of those who are in the daily habit of using these articles appreciate the fact that they are using, to say the least, substances that impair the constitution. There is no reason to believe that the effects of tobacco are any more in harmony with physiological laws than the effects of arsenic.

A Manual of Elementary Chemistry, Theoretical and Practical. By GOE. FAWNS, F. R. S, late professor of Practical Chemistry in University College, London. From the seventh Revised London Edition; Edited by Robt. Bridges, M.D., Prof. Chemistry in Philadelphia College of Pharmacy, etc. Philadelphia: Blanchard & Lea, 1859, pp. 600.

It is some ten years or more, since this little volume made its first appearance in this country—since that time it has steadly advanced in popularity. While it makes no pretensions to be considered a complete treatise on this subject, it nevertheless embodies almost every thing that the student needs philosophically arranged and happily condensed.

Throughout it has been the author's aim to render the book as practical as possible, by detailing at as great length, as the general plan permitted, the many of the working processes of the scientific laborator, and by exhibiting by the aid of numerous wood engravings the most useful forms of apparatus with their adjustments and methods of use.

PART FOURTH.

EDITORIAL AND MISCELLANEOUS.

OHIO STATE MEDICAL SOCIETY.—The proceedings of this body will be found elsewhere, in the present issue. The late meeting was, in many respects, the most successful one the Society has ever had. It really seemed that the profession, by almost common consent, had at last comprehended the necessity of undertaking to sustain the organization, by doing some *work*, in the way of scientific contributions. The time was most assiduously improved, mainly in reading and discussing reports, volunteer papers, &c., some of the longest of which could only be presented in abstract. Strange to say, the "points of order" gentlemen, who so frequently afflict such meetings, were not present, or demeaned themselves with becoming modesty—the mighty "wind-works" were not on exhibition—the "claims" of any such gentlemen as from slight mistaken conception, perhaps suppose the object of all such organizations to be the manufacture of giants from pigmies, whales from tad-poles, or men of science from the raw material, were neither recognized nor

considered. The Society did its own work, elected its own officers, conducted its business in a business like way, and adjourned when it got ready.

For months past it has been a serious question with us and others, what course we should take in reference to this organization. In our judgment, it had become discreditable to the profession of the State; a mere machine for advancing the lighter material of the profession, to a little paper notoriety, and the notice of their fellows. Lest we be misunderstood, we will be more specific. Gentlemen, at their personal request, have been accustomed to occupy prominent places on the special committees, and to be kept there, from year to year, without lifting a finger toward doing the work imposed, or exhibiting the slightest evidence of their ever having intended to do so. In some cases, they have even imposed upon the Society the shameful farce of giving verbal abstracts from reports never written, and probably never designed to be. Most of the committees were never heard of after they were designated, in a large majority of cases neither attending the meeting to which their report was due, or apologizing for absence. Even under these circumstances the Society has often, at the suggestion perhaps of some sympathizer, acting in recognition of the mutual titilation principle, perpetuated the farce, by failing to put a heavy and indignant heel upon the offender. We are inclined to think that this game is played out, and that in future, when the meeting comes around, gentlemen will be expected to come up to the captain's office and settle, or take lower seats in the synagogue. The policy of the organization has, furthermore, been such as to lead to the assertion and recognition of claims to its offices, without regard to special fitness, on the part of the claimant. In our judgment, this is one of the great secrets of its inefficiency. Take the office of Secretary. We have no present recollection, that any gentleman has ever occupied this post, who was not well qualified for the ordinary duties of such an office. Being elected, he acts during the session of the Society, and perhaps acceptably. The Society adjourns. He has never acted, in many cases never attended before, and of course has no knowledge of the practical working of the concern, and perhaps does not know but that the adjournment ends his labors. Suppose he acts accordingly, as frequently has been the case. The duties of the publishing committee are of necessity imperfectly performed. The special committees are never notified of their work, and the result is there is an *apparent* excuse for

short coming, of which the jack o'lantern sort of gentlemen rarely fail to avail themselves. The interests of the Society call for a change in this matter. It needs to do its own work, hunt up its own men, and when it finds a man who is willing to qualify himself, by the requisite study of its operations, to do the work associated with such a post, its interests require that he should be continued in office as long as its honors are estimated as being an adequate compensation for its labors. Similar remarks would apply to other officers, especially to the treasurer and librarian.

We have recently been carefully engaged in feeling the professional pulse in reference to the professional estimate of the Society. There are worthy members of the profession, who, disappointed in their too high expectations, and not recognizing the necessity of the saints' perseverance, have already retired from the effort to sustain it, in disgust. One former zealous and efficient member, predicted that the present meeting would be called upon to perform the funeral obsequies, and long since provided himself with the habiliments of mourning. Others, in large numbers, absented themselves, to our personal knowledge and belief, because of the apprehension that the time of the meeting was to be occupied in zealous and pathetic exhibitions of regard for a revered, but flagrantly infringed code of ethics. Some, undoubtedly, staid away because they were unwilling to witness the crucifixion of an erring professional brother. From these and other circumstances, the number in attendance was not equal to that of five or six years since; but, still, it was good. The promising feature, in our estimate, is, that the meeting consisted largely of the bone and sinew—the laborers of the profession—who came up from all parts of the State with a *hearty determination that the Society should be sustained.* We have no sort of notion that this Society, or any other voluntary or involuntary organization of the profession, is to do any thing miraculous, or even wonderful, in the way of elevating the profession. The work that many sanguine, but impracticable and mistaken men, are constantly devolving upon "State and Local Secieties," and the "American Medical Association," will never be done. All such organizations have enough to do to preserve their own dignity and purity, and frequently more than they can do to maintain their own decency, even. It seems to us that sensible men, not especially prone to self-delusion, would look in almost any other direction for a process of regeneration and sanctification for the great body of the profession. This is a work that is not to be done in the aggregate. It is a personal work—per-

sonal to each and every member of the profession, present and prospective—to effect which, the intelligence and tone of every community containing a physician, needs to be improved; every stimulus afforded by association and organization employed, and such facilities secured by individual candidates for its honors as may be necessary to attain such standard as the public and professional sentiment erects and sustains; over most of which such organizations have but little control. But such societies can, at least, stimulate and encourage to thought and labor. This, in our estimate, is the beginning and end of their work; whatever else they do, is only valuable as it is tributary to this. We have no machinery by which we can direct and control, either our self-respect, or the respect and confidence of the public. There is a homely appliance, however, by which all these may be attained. It is simply, *faithful, honest, hard work.* Although this contains none of the poetry with which the sanguine and chimerical are accustomed to amuse, beguile and delude themselves and others, yet, in our judgment, it contains the *whole philosophy* of these organizations. Deprive them of this, and they are both powerless and worthless. Make them efficient as incitors to labor, and they are invaluable. Because we believe our Society can be made, if it is not already becoming such, we hold up two hands for sustaining it. We rejoice to say, that we are convinced that the number and character of those who have formed the firm resolve to merge all considerations relating to self, friends, or enemies, into those relating to the decency, good name, and dignity of the Society, and the profession of which it is the exponent and representative, is such that it will not merely be sustained, but brought up to a point at which it can *justly challenge respect, or even admiration.*

To all such as are becoming weary in well doing, or hesitate, and are disposed to fall out by the way, we simply say, as Moses to Hobab, "come with us, and we will do thee good, for God hath spoken good concerning Israel."

We would especially make this appeal to the younger members of the profession. Let us vie with each other in labors and sacrifices for this representative and exponent of the respectability of our brotherhood. Let us make this, too, a generous and honorable rivalry—a rivalry, which, oblivious of self, not only abhors the idea of doing an injustice, but cheerfully and even gladly concedes to every brother the fullest award for his labors and merits. We have

not arisen to a full conception of ourselves as honorable and high-minded men, till we would spurn, as a thing to be despised, any award which does not belong to us, or deprive our brother of that which belongs to him. Our compeers, by the bestowal or withholding of such award, may be led to a false estimate of us, and of him; but not so in the secresy of our own hearts. Here every man, cherishing a full measure of self-respect, keeps an account with himself. If there is within a consciousness of deserving well of our fellows, the recognition of such merit by them, cannot but be grateful to an honorable mind. Whatever we may secure by means at all attainted with dishonor, is but trash—*food for fools*—fit only to be *cast under foot, spit upon, and despised.* H.

A Veteran "Elevator," "Elevating the Profession of Medicine," and the American Medical Association to his level.

"Elevating the profession," has become not only a pet phrase, but an interesting business In Ohio we understand it perfectly. We have a veteran "elevator" among us who can scarcely get within sight of a medical auditory without evincing an ardent desire for the "elevation," of the profession. He is accustomed to place himself in positions, in reference to us, that would seem to intimate that he would like to be the recipient of a little consideration. Under all ordinary circumstances, although our habitual good nature and kindness would allow us, (our notions of propriety coinciding,) to do almost any thing to accommodate, yet we have uniformly declined, for abundant and self satisfactory reasons, to do so.

At the recent meeting of the American Medical Association, this gentleman did so much by way of laying claims to consideration—paid so big a price for it—that it would be illiberal, perhaps *unjust*, even on account of considerations of self respect, or respect to our journal and its readers, to withhold from him that which, of right, belongs to him. Asking pardon of our readers, for the offense which we thus commit, in bringing a matter, which in some of its bearings is slightly personal, into our pages, we name the gentleman. It was our fellow townsman, Dr. Robert Thompson, a man who, as our neighbor, and on account of his age, we would like to speak of in terms as kind, as is our habitual treatment of him. He stated, at the meeting alluded to, that "he knew a

medical college which recently graduated a man, for the sum of thirty dollars, whose best friends did not know that he was engaged in the study of medicine, but supposed that he had left home on a friendly visit." After thus delivering himself, he called a dead halt, and turning about, looked over the audience imploringly, evidently on search of some one who would kindly relieve his extreme modesty, by "forcing" him to name the institution. This touching appeal found a response. Some one cried "name the institution." In an ecstacy that evidently well nigh overcame him, such as always characterizes his "elevations," he cried out stentoriously—with a climax that he rarely fails to use when he is about "elevating," "STARLING MEDICAL COLLEGE," and then with an air of triumph, he took a characteristic look at us—such as he usually does after his efforts to "elevate" us to an altercation—and by which evidently he intended to say, "*now, sir, you will not only give me some attention, but you will froth like a Dutchman's beer bottle with the stopper out!*"

Unkind and singular as it may seem, thus to deny the pressing wants of our neighbor, we didn't "froth." We simply resumed the reading of our newspaper, and took the same course that we should have taken at home, if he had made the same or any other statement, under oath, or otherwise; we paid no sort of attention to it, confidently calculating that he would not allow the two or three days of the session to pass without giving the most satisfactory explanation, by his conduct, for the course we took. On his next appearance for a speech, however, much to our disappointment, and as a very singular coincidence, there was a rumbling from the floor, slightly like that of rather rapidly approaching thunder, which being renewed as often as the "Mr. President" seemed to be construed by the aspirant for a speech, into a gentle hint that, perhaps, the Association thought he had spoken often enough. Unfortunately this, or something else, deprived us of the benefit of the explanation which we expected the Association to derive from additional exhibitions. An injustice was thus done us, for which, if the Association really did perpetrate the thunder, and we should give it an opportunity, we suppose, of course, it would yet ask our pardon. Hence is suggested the propriety—if not enforced the necessity—in duty to a public institution, and from a slight veneration for the great American Medical Association, and a willingness to do a mite towards purging its future of indecencies, but without the slightest regard to our personal relation to the transaction—of meeting this matter in a different way, one much less effective, and far less congenial to our feelings.

This we do without making any special draught upon our supply of blandishments, by replying in what we regard as sufficiently polite, but rather unpolished terms, that in LETTER and SPIRIT, from BEGINNING to END, *it is* FALSE: and as far as he is *capable of knowing anything*, we have not the slightest doubt, but, he KNEW *it was false*, when he uttered it!

Now what is the explanation? Why should an old man—evidently not far removed from the termination of his active career—among strangers—in a convocation of gentlemen embodying much of the dignity and learning of a profession which he professes to love and serve—in the presence too, and evidently, prominently for the purpose of *damaging* a neighbor and fellow-townsman, one at whose hands, even within a few hours previously, he had been the recipient of special acts of kindness—one who would like to love him as a father, and revere him as a patriarch—who would gladly, if he could consistently, sympathize with, sustain and honor him—who is incapable of any but kind feelings towards him, if he seems *willing* to deserve it—why should he, under such circumstances, do violence to his manhood—to the dignified body he is addressing—to every consideration of propriety, by such an *indecent* onslaught upon an important public institution of his own profession, State and city?

Our brethren, we doubt not, have already answered in their own hearts, that "the secret can only be found in professional depravity, the ripening fruit of the inveterate indulgence of professional ignorance, envy, malice and rascality."

On account of gray hairs—of a worthy family and connections, and of the good name of the profession, and citizens of our city, who have hitherto—and we think honestly and properly—thought best to tolerate and sustain at large; on account of all these, and other considerations, and because our heart prompts us, we ask our brethren to interpose the mantle of charity and abate these hard epithets. Call it an idiosyncratic and chronic, but ardent desire for the "elevation." Or if this is either too stale or too newly coined, call it *genius* or *ecentricity*,—that kind, if *must* be, which largely disqualifies a man for the observance of all ordinary *decencies* and *proprieties*, and unfits him alike for telling the *truth* or a *falsehood*—for doing *right* or *wrong*.

That there is, at least, some ground for the claim which charity interposes in behalf of our neighbor, could be easily verified. The

most striking evidence of it, involving as it does, some unpleasant hepatic reminescences,* we prefer, till science and humanity demand, not to adduce. Indeed it was impertinently suggested on the ground that with six slightly billious words, we could paralize his tongue forever, so far as the American Medical Association is concerned. But the very suggestion struck us with horror. Suppose we had done it, who would do "elevation" for that body, and for the Ohio State Medical Society? "Nature abhors a vacuum."

And now, in conclusion, our little one-edged sword has so long laid away in its scabbard, and has become so dull and rusty, that we are rather ashamed, even in defence of a public institution, and with a foeman worthy of its little steel, of having unsheathed it. In fact we had almost forgotten that we ever had one. It is such a trifling thing, and so hateful, and the use of it so incongenial, that really we feel disposed to bury it out of sight. The use of it, in our boyish way of looking at things, is unbecoming those who aspire to consideration, as men of science. We prefer to provide ourselves in true hibernian stile, with pick and spade, and bring our profession *up* by digging *down*. And if, perchance, we are permitted to dig about and dung our professional brother, if we can only be the means of causing him to take new root and a new set, to acquire new vigor—a vigor which shall give buds and blossoms in spring; verdure in summer; fruit in autumn; endurance in winter, and strength, symmetry, and sublimity all the time—a sublimity suggestive of

> "Some tall cliff that lifts its awful form,
> Swells from the vale and midway leaves the storm,
> Where round its breast the rolling clouds are spread,
> Eternal sunshine meanwhile settling on its head,"

Oh! how we shall bathe our spirit in delight to see those swelling buds—to enjoy fragrance and beauty from those flowers—shade from that foliage—to eat of those fruits lean upon that

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* See Ohio Statesman of Nov. 10, 11, 12, and 22, 1847, for the report of the "appalling operation of removing the entire liver," "weighing 29½ pounds on a farmer's steelyards, being avoirdupois weight," "life was prolonged" several days to "develope new and important light in physiology, and serve to show, as Sam Patch says, that some things can be done as well as others." "On our way out, an old gentleman who met us, humorously observed, that livers must be 'risen,'" i. e., we suppose, "elevatin."

We did not intend to make these quotations, but by some injudicious and very imperfect anticipations, we were "forced to do it."

strength, and be awed and inspired by that sublimity! How delighted would we be to impart all this with a word or a wish —thus covering our professional pigmyhood with the protecting shadow and blessing of a worthy professional giant and father— thus terminating our professional orphanage! But delicious as might be the consummation, we cannot, for the hope it sets before us, except thus temporarily, make a descent from the sublime to the ridiculous, but since the "elevating" influence, of this "elevating" topic, has "elevated" us to these sublime "elevations," we feel like growing "elevatener" and "*more elevatener*," and, if possible, making our "ELEVATENEST ELEVATION" the "MOST ELEVATENEST" of all. H.

NORTH CAROLINA MEDICAL JOURNAL.—This is a new Journal, published at Edenton, North Carolina, under the auspices of the North Carolina State Medical Society. It corresponds in size, frequency of publication, &c., with this Journal. It is under the proprietorship of our friend Dr. Edw. Warren. We are much mistaken in our estimate of the abilities, industry and scholarship of the proprietor, if this does not prove a successful enterprise. All that is needed, is that which we suppose he already has, a hearty co-operation on the part of the profession. We heartily wish our friend and his enterprise great success. We had hoped to enjoy the pleasure of presenting our readers with more than this hasty notice, but the crowded state of our pages, growing out of the demand of the National Association, and State Society, restrict our limits. We place it on our exchange list, and promise our readers that they shall hear from it again. H.

Convention of Medical Teachers.

Our readers are aware that at the meeting of the American Medical Association, held last year in Washington City, it was resolved that there should be a National Convention of the Medical Teachers, to convene the day before the meeting of the Association, in Louisville, Ky.

The object of this meeting was to take charge of the subject of Medical Education in the United States; to prescribe rules and reg-

ulations by which the Colleges should be governed in conferring degrees.

We have noticed, from time to time, the progress, in the National Society, of this question of Medical Education." It is a question around which every thing else, in a measure, has been made to revolve, and in regard to which there has been no small amount of speculation, empty, impracticable talk, etc.

All the Medical Colleges of the country, we suppose, are, and have been, willing to listen to suggestions from any quarter, in regard to "elevating the standard of medical education. But that they will suffer themselves to be dictated to, or allow any body of men in no way responsible or connected with them, to prescribe the rules by which they confer degrees, is quite another matter. Nor do we regard them as being in fault in not recognizing the authority of the late convention in Louisville. Not more than about one-half of the colleges were represented in the convention. The Philadelphia, and New York, and New Orleans Colleges were among those that sent no delegates.

The convention adjourned to meet again on the day preceding the next annual meeting of the Association; and, by resolution, has requested that the several Medical Colleges of the United States appoint each a delegate. We suppose this one will be about the last of these conventions.

Medical education in the United States falls short of what it should be, because the material out of which physicians are made, is, as a general rule, crude. Most of the young men that present themselves to the colleges are without proper preliminary training. All of the colleges require three years' study on the part of the student, as a prerequisite to being a candidate for the degree. Now, how is this time usually *put in?* Do those who act as private preceptors lay out the work for the student, and examine daily the progress made? Very few physicians, who consent to serve as preceptors, pay the proper attention to the student. He is left mostly to his own notions. He studies, or not, as he thinks proper, and what he thinks proper. Such being the facts in regard to private pupillage, the wonder is, how, out of the material, the colleges make as good physicians as they do.

We allude to these circumstances as an off-set to the ignorant and

envious clamor kept up against the colleges, by certain individuals who seem to have invested their all in the desire to reform the age on the subject of Medical Education.

American Medical Association.

This body met with a very cordial reception from the profession and citizens of Louisville. Kentucky hospitality turned out to be all that has been said of it. Gentlemen from opposite points of the continent, although wearied with the fatigue of travel, expressed themselves as being amply remunerated by the enjoyments of the occasion, the meeting of brethren engaged in the same pursuit; the coming together in council of the young men of the nation, ardent in the profession; and of the old ones, not only ripe in years, but ripe in labors.

Many persons measure the value of these National reunions of medical men, by the size of the volume of transactions that follows. Judged by this rule, the meeting will not compare favorably with former ones. Many of the committees failed to report. This was true of standing, as well as special committees. Besides the committee on Prize Essays, received nothing that in its estimation, possessed merit enough for a prize, and consequently it awarded none.

The Association adjourned to meet next year, (in May,) at New Haven, Connecticut.

College Museum.—We are just now engaged in putting up in our College Museum our receipts from France and Germany. They embrace things pertaining to natural history and medicine. We have about thirty skeletons of vertebrata—fishes, reptiles, birds, and mammals. These have been so selected as to afford a representation of every prominent type.

The articles relating to human osteology are very fine. For example, we have the *Beauchene* preparations of the head, face, hands and feet, with blood-vessels and nerves; the internal ear, middle ear, the internal maxillary artery, etc.

The anatomical, surgical, and obstetrical departments have been

enriched by colored models in paste, (relief), and colored models in wax, (relief). These include—

Anatomy of the brain, the different parts removable, the hemispheres of the brain connected by *corpus callosum.*

Anatomy of the eye, thirteen models of its component parts.

The organ of hearing, the internal, middle, and external ear, four times the natural size—the parts movable.

Nine months' periods of pregnancy, fitting into one pelvis.

Illustrations of diseases of the skin.

Model of accouchment complete, etc., etc.

The department of chemistry has been enriched by many of the more useful forms of apparatus, and the Labratory, with what has been on hand, may be said now to present every thing necessary to the full and thorough illustration of the department.

Starling Medical College may, therefore, now be presented to its alumni and many warm friends with new claims for consideration. With as good a building as there is in the world for the purpose; with the Penitentiary, County Infirmary, and College Clinic for clinical material; with a Museum, now second to none in the character of its contents, who can help predicting a bright future for the Institution?

To Subscribers.—We send out bills with this, the last No. of the Eleventh Volume of the Journal. Those who are in arrears should need no other suggestion, but remit at once what they know to be the amount of their indebtedness. We find it an *up-hill* business to buy paper and pay for printing the Journal for hundreds of subscribers who from year to year neglect to pay anything. From the circumstance that such conduct is often more due to neglect than to dishonesty, we have made draughts from time to time on our patience. We are now, however, about out of that material, and unless delinquent subscribers respond to the bills now sent out, they will be cut off.

Watery Discharge from the Uterus During Pregnancy.—Dr. Harvey made the following remarks on this affection at a meeting of the Cork Med. and Surg. Soc., Dec. 9, 1857: "In some books on Midwifery, watery discharge from the uterus is noticed as

amongst the diseases to which pregnant women are liable. A clear, limpid, colorless fluid, oozing in quantity from a few ounces to pints daily, flows away, sometimes stopping for a short time, and recommencing; and in the majority of the cases it continues nearly, or full to the time of delivery. The abdomen does not appear palpably reduced by these discharges, and a living child is commonly born at or near the full time. In the greater number of instances, also, there is evidence of the usual quantity of liquor amnii being present on the supervention of labor. Dr. Alexander's case, given in the third volume of the *Medical Commentaries*, shows this very prominently. In a case by Dr. Petel, also, in the *Gazette de Hôpitaux* of July, 1838, the liquor amnii is specially mentioned as normal in quantity.

"What is the source of this fluid, discharged as it is, to the amount of hundreds of pints in the course of a few months? The supposition of its coming from the cervical glands of the uterus, or from the vagina, both of which have been assumed as sources of it by different authorities, appeared altogether unlikely from the nature of the fluid, its quantity, and its mode of coming away in gushes of considerable quantity at a time. That it could come from the space between the decidua and chorion, or between the chorion and amnion, we have no pathological facts, so far as I am aware, to warrant our supposing such a source for the flow; whilst in the natural condition of parts such spaces do not exist; as, at a period of pregnancy before these discharges commonly show themselves (say the sixth month, or thereabouts), the cavity between the chorion and amnion has disappeared; and we know that the chorion and decidua are in contact throughout.

"Under these circumstances we seem driven to the conclusion that the amnion must be the source of this flow: that there may be occasional solution of continuity in this membrane, admitting of discharges from time to time, which either close again or admit by the mechanical relations of the bag to the neighboring parts of the amnion, refilling to a certain extent by a fresh secretion of its particular fluid. In confirmation of this view may be mentioned cases recorded by Dr. Denman, Professor Burns, of Glasgow, and Dr. Pentland, of Dublin, in which the amnion is said to have given way from fright or other sudden shock, the water being discharged without labor coming on. All these considerations tend rather to the view that the escaping fluid may be liquor amnii than to any other

which has been propounded. In the case which I am going to relate the symptoms were similar to those which were present in the cases of watery discharge which I have been noticing, and in this instance, as will be seen, the flow was undoubtedly amniotic.

"Mrs.———, mother of several children, was for more than a year, the subject of heavy sanguineous discharges, which were so little influenced by the treatment adopted that the existence of polypus was thought possible. An examination revealed considerable congestion of the os and cervix uteri, with superficial ulceration, which gave way to treatment generally and locally applied. During last summer her health was considerably improved, but occasionally menorrhagic attacks, which latterly observed more or less closely the monthly periods, showed themselves. Matters were going on thus when she suffered a considerable shock by her eldest boy meeting with a severe accident, in which his arm was fractured. On that day, for the first time (six weeks before delivery,) she had a sudden gush of clear watery fluid from the vagina, and since that time to the date of these notes (5th November,) she was scarcely free from it; it would diminish or nearly stop for a few days at a time, to come on again in gushes, and in considerable quantity. The quantity escaping in one of these was seldom less, and generally more, than half a pint; and on the late occasion, when the flow was accompanied by a heavy sanguineous discharge also, she thinks the combined amount was fully a quart. It came on in the horizontal position as well as in the erect, and apparently without any cause. The size of the abdomen did not appear much affected by these at any time.

"The occurrence of the watery discharge suggesting the probability of pregnancy, notwithstanding the menstrual changes which have been going on with some regularity, and that, if pregnancy did exist, the ovum might have suffered hydatid degeneration, I proposed an examination for the purpose of ascertaining the point. I found an abdominal tumor occupying the hypogastrium to above the umbilicus, and on laying my hands over its surface, it gave a good example of the value of a diagnostic indication lately suggested by Dr. Oldham; it afforded distinct evidence of its being uterine by gradually and regularly hardening under my hand. The movements of the child were also felt, and fœtal pulsation, distinctly heard by the stethoscope, put an end to all doubts.

"I told the lady that she had passed some six or near seven months of her pregnancy without being aware of it, and that her

labor would probably come on prematurely, all of which she entirely disbelieved, and I could not induce her to make the necessary preparations. Two days after, I was called to her—the first stage of labor having set in with unusual distress and irritation; the pains peculiarly sharp and unbearable; the os uteri was hard and unyielding, and the breech, presenting in the second position, was felt in close contact. I immediately put her on antimonial solution, notwithstanding which the os uteri took over three hours to relax. After a first stage of about four and a half hours, and a second of less than half an hour, a male child of scarcely seven months' growth, was born. The presenting hip and buttock were perfectly black, evidently from the direct pressure to which they had been subjected, in consequence of the loss of the liquor amnii. None whatever escaped with the child, and the sanguineous discharge was also unusually scanty. I do not think I ever witnessed so dry a labor."—*Dublin Quart. Jour. Med. Sci.*, and *Amer. Jour. Med. Science.*

The Uses of Pain.—Mankind are so accustomed to shrink from pain, and so eager in seizing upon every means to lessen or annul it, that the facts of our having been endowed with it, as with a sense, by a beneficent Creator, and with the kindest intent, does not readily impress us. Yet that this is strictly true, daily observation teaches. Without pain to act as a sentinel, the body would almost momentarily be injured, perhaps hopelessly so, and Death would revel in such wise as that the race would soon be extinct. This is hardly an exaggerated statement; and a little reflection will enable any one to realize the immense amount of evil which would ensue to us all, were the "sense of pain" abolished.

A very interesting and instructive article, in a late number of the *Quarterly Review*, is transferred to the pages of the *Living Age* of the 24th of April, 1858. It is a *critique* upon "An Essay on the Beneficent Distribution of the Sense of Pain," written by Mr. G. A. Rowell, Honorary Member of the Ashmolean Society, and Assistant Underkeeper of the Ashmolean Museum. Most of the details are familiar to medical men, but any reader will be delighted with the pleasant style of the review, the entertaining illustrations and the facts communicated. It is a paper calculated to do good to the general reader in many ways; and not the least by the noble senti-

ments with which its last two or three pages teem. We allude to the remarks upon cruelty to animals. Many seem now to believe, as did Malebranche, that dogs, horses, and such like animals *do not feel*, and that, therefore, any amount of abuse, by means of kicks, blows, goading and spurring is admissible. We say many persons *seem* to suppose this, for although they hear a dog howl if kicked, and know that a horse springs forward under the spur, they do not realize, or do not think, how much unnecessary pain is inflicted by them, in their gusts of temper, upon animals almost always innocent of any fault.

To recur to our first topic—the wonderful guardianship over the bodily organs, so kindly established for us through the agency of pain. How few think of the subject in this light. Accustomed too much, to look upon pain as an unmitigated evil, we are apt to concentrate our hatred upon it, rather than to recognize its function; and we strive only to remove *it*, without seeking for its cause. The latter task is, it is true, mainly the province of the followers of the healing art; yet how much may others learn by properly considering their own sensations.

Pain is an evil, then, but it is also a blessing. It is composite in its essence; and in this it resembles many medicinal agents, which, whilst effecting a certain good, are exceedingly unpleasant in their action. Of course it would be foolish to term pain a good in itself, and therefore not seek to relieve and remove it. The future Sir Humphrey Davy doubtless changed his opinion very quickly and permanently, under the strong personal application of the argument implied in the story referred to by the *Quarterly Review*, in the opening paragraph of the article we have cited. "Sir Humphrey Davy, when a boy, with the defiant constancy of youth which had as yet suffered nothing, held the opinion that pain was no evil. He was refuted by a crab, who [which?] bit his toe when he was bathing, and made him roar loud enough to be heard half a mile off. If he had maintained, instead, that pain was a good, his doctrine would have been unimpeachable. Unless the whole constitution of the world were altered, our very existence depends upon our sensibility to suffering." As the reviewer says, "without the warning voice of pain, * * * the crab might have eaten off the future Sir Humphrey's foot while he was swimming, without his entertaining the slightest suspicion of the ravages which were goining on." So he adds, "had he survived the injuries from the crab," he would have been destroyed by continuing the inhalation of carburetted

hydrogen, after it had almost caused his death, and yet saved him by inducing *painful* sensations.

The preservation of infancy is alluded to by the reviewer, as often entirely due to physical pain. Of course, in the absence of parents or nurses, thousands of children would perish from mere lack of that experience which suffering gives them by degrees.

Another phase in the "beneficient distribution of pain" is the undoubted total absence of it in what is termed the last struggle. Dissolution is painless; the agony has been distributed over other hours of existence; the sunset of life, like those of many a stormy natural day, are placid, most generally. The opinion, however, is still commonly entertained that there must be pain whilst the spirit is leaving the body, because of the occurrence of convulsive movements remarked at such times. The suffering is only apparent, not real. What a consolation to friends is this, and what a source of comfort to all poor mortals, who know that they must pass through the gate of death. Upon this point the reviewer says: "In fact, though disease is often painful, the act of dying is not. Bodily suffering would be no protection then, and, consistently with the invariable method of Providence, we are spared a useless anguish."

Anæsthetic agents, which have been so mercifully revealed to us, and whose discovery is certainly the greatest boon to humanity since that of vaccination, have been questioned in regard to one of their applications, by eminent medical men. We refer to their employment in obstetric cases. There are those who contend that the pains of labor, being, in fact, natural and healthy demonstrations, ought not to be interfered with; that they have an important part to play —and that they have such uses as ought not, even partially, to be lost to the paturient woman. Whilst many decry this view as foolish and unfounded, we confess to seeing much truth in it. There can be no dispute as to the benefit of ether and chloroform in surgical operations, or their application for the relief of any *pathological* condition; but childbirth is not a pathological state, but wholly a natural act. It may well be questioned how far we ought to interfere with what are termed its "pains." Of course, if the woman in labor begins to sink under their mere endurance, or any morbid element mingles with the process, our authority is at once established, to interpose—the state has become pathological. But often, anæsthetics are used in short and easy labors, when the patient would have done as well, or even better, without them. We can refer to

several instances in which labor has been undoubtedly retarded by the action of ether on the uterine efforts; and within a few days, a case has been mentioned to us by a highly intelligent and observing medical friend, where this was distinctly proved. The labor was a first one, and the birth was delayed a long time without any apparent reason. The suspension of the inhalation of ether was advised by the gentlemen referred to, and on complying with the suggestion the uterus *immediately* resumed its efforts, which safely and speedily resulted in the expulsion of the child.

The aspect of the use of pain deserves closer attention, and it may be well to sift obstetric cases more thoroughly; using anæsthesia, only, or chiefly, in such instances as really demand it.

We have already extended our remarks beyond the limits we had assigned to them. Pain, as an evil, has of late been placed more than could ever have been hoped for, under the dominion of scientific medicine. As a good, it still is vouchsafed to us in the shape of a watchful guardian; and it must be ever present on the earth in many forms and with every shade of intensity. It is only in the vision of the Revelation that we read, "and there shall be no more, death, neither sorrow, nor crying, *neither shall there be any more pain.*"—*Boston Med. and Surg. Jour.*

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